

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

08 SEP 26 PM 2:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P0200069909

1. Corporation Name

Pronic Communications Corporation

2. Principal Office Address - No P.O. Box #

100 W. Lucerne Circle

Suite, Apt. #, etc.

Suite 503B

City & State

Orlando, FL

Zip

32801

Country

USA

3. Mailing Office Address

1924 S. Conway Road

Suite, Apt. #, etc.

Unit 4

City & State

Orlando, FL

Zip

32812

Country

USA

REINSTATEMENT 07-08  
CR2E081 (12/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

06/25/2002

5. FEI Number

27-0017954

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Berthold Kammerer

Street Address (P.O. Box Number is Not Acceptable)

7933 St. Andrews Circle

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32835

☐ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

Date

09/25/08

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	Berthold Kammerer	7933 St. Andrews Circle	Orlando, FL 32835

500136382705  
09/25/08 -- 01036 -- 008 \*\*900.00

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/25/08

Date

907-733-1763

Daytime Phone #