

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JUN 18 AM 10:27

RECEIVED
TALLAHASSEE, FLORIDA

200104887222

06/26/07--01047--016 **485.00

200104887222

06/26/07--01047--017 **8.75

DOCUMENT # P02000073787

1. Corporation Name

PRO CONSULT USA, INC.

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

6612 Mirigosa Ct.

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33143

Country

USA

3. Mailing Office Address

6612 Mirigosa Ct

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33143

Country

USA

REINSTATEMENT 05-07

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

42-1629254

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

LUISA E. VILLEGAS

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

6612 Mirigosa Ct.

Suite, Apt. #, Etc.

City

Miami,

State

FL

Zip Code

33143

☒ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date 6/6/07

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
P	TOMAS G. VILLEGAS	3856 POINCIANA AVE.	Miami, FL 33133
V	TOMAS SEIF	6612 Mirigosa Ct.	Miami, FL 33143
S	LUISA E. VILLEGAS	6612 Mirigosa Ct.	Miami, FL 33143

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/6/07

Daytime Phone #

26/19