

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 JAN 26 PM 4:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000125725

1. Corporation Name

PROAR ENTERPRISE CORPORATION

200087361322
02/05/07--01013--020 **1200.00

CR2E081 (12/05)

2. Principal Office Address

9600 NW 38 ST STE 210

3. Mailing Office Address

9600 NW 38 ST STE 210

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DORAL

City & State

DORAL

Zip
33178

Country
USA

Zip
33178

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/26/2002

5. FEI Number

51-0436474

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
RODOLFO D ORQUERA

Street Address (P.O. Box Number is Not Acceptable)
17321 SW 18TH ST

Suite, Apt. #, Etc.

City
MIRAMAR

State
FL

Zip Code
33029

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

REGISTERED AGENT MUST SIGN

Date **12/06/2006**

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
PTS	CAROLINA AZUAJE	701 BRICKELL KEY BLVD APT 1911	MIAMI, FL 33131

REINSTATEMENT

B 1/26/07
04-01

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

12/06/2006

Date

Daytime Phone #