

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 JUN 12 PM 12:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000055587

1. Corporation Name

H.R. PROEXPORT, INC.

2. Principal Office Address - No P.O. Box #
8383 NW 68TH ST.

Suite, Apt. #, etc.

City & State
MIAMI, FL

Zip **33166** Country **USA**

3. Mailing Office Address
8383 NW 68TH ST.

Suite, Apt. #, etc.

City & State
MIAMI, FL

Zip **33166** Country **USA**

7. Name and Address of Current Registered Agent

Name
MICHAEL CHOLOBEL

Street Address (P.O. Box Number is Not Acceptable)
4300 BISCAYNE BLVD. # 205

Suite, Apt. #, Etc.

City
MIAMI

State **FL** Zip Code **33137**

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
76-0735369

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

☐ 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

REGISTERED AGENT MUST SIGN

Date **05/22/2007**

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/T/S	CESAR AUGUSTO REYES RINCON	8383 NW 68TH ST.	MIAMI, FL 33166
D	CESAR AUGUSTO REYES RINCON	8383 NW 68TH ST.	MIAMI, FL 33166
V/P	JOSE ALBERTO ROMERO VILORIA	8383 NW 68TH ST.	MIAMI, FL 33166
D	JOSE ALBERTO ROMERO VILORIA	8383 NW 68TH ST.	MIAMI, FL 33166
D	FELIPE MACLEAN	8383 NW 68TH ST.	MIAMI, FL 33166

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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

05/22/2007

Date

305 470-0022

Daytime Phone #

6/12
aw