

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000080499

1. Entity Name
PROCHALLENGES, CORP.



Principal Place of Business
10770 SW 66 STREET #C-402
MIAMI, FL 33178

Mailing Address
10770 SW 66 STREET #C-402
MIAMI, FL 33178

FILED

05 MAR 24 AM 9:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03182005 REIN-P CR2E098 (6/04)

2. Principal Place of Business
5781 NW 112th Ave.
Suite, Apt. #, etc.: 110
City & State: DORAL, FL.
Zip: 33178 Country: U.S.A.

3. Mailing Address
5781 NW 112th Ave.
Suite, Apt. #, etc.: 110
City & State: DORAL, FL.
Zip: 33178 Country: U.S.A.

4. FEI Number
05-0579554
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FUENMAYOR, FRANCISCO
10770 SW 66 STREET #C-402
MIAMI, FL 33178

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
5781 NW 112th Avenue, # 110
City DORAL FL Zip Code 33178

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FUENMAYOR, FRANCISCO 10770 SW 66 STREET #C-402 MIAMI, FL 33178	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	5781 NW 112TH AVENUE, # 110 MIAMI, FL 33178	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	000049736730 04/04/05--01003--013 **\$900.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment to this report.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/22/05 7864739665
Date Daytime Phone #