2005 FOR PROFIT CORPORATION REINSTATEMENT



Daytime Phone #

DOCUMENT # P04000024891 FILED 1. Entity Name PRO33 CORP 05 OCT 12 PH 7: 23 Principal Place of Business Mailing Address 650 NE 23RD PLACE 650 NE 23RD PLACE POMPANO BEACH, FL 33064 POMPANO BEACH, FL 33064 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MILLER, JOHN P 2499 GLADES ROAD SUITE 305A BOCA RATON, FL 33431 8. The above n ed entity submits (rpp 😭 of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept of registered ager the oblic SIGNATURE re. Ivoed or printed name FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the After January 1, 2006, Fee will be \$300.00 corporation did not receive the prior notice. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ΡD TITLE TITLE ☐ Delete ☐ Change ☐ Addition CATALANO, REMO NAME NAME STREET ADDRESS 650 NE 23RD PLACE STREET ADDRESS POMPANO BEACH, FL 33064 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME 100060547451 10/12/05--01048--007 **1 STREET ADDRESS STREET ADDRESS **150.00 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR