2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 06, 2005
Secretary of State

DOCUMENT# P04000060524

Entity Name: PRONIQUE INCORPORATED

Current Principal Place of Business:

4367 SW 130 AVE
DAVIE, FL 33330

New Principal Place of Business:

Current Mailing Address:

4367 SW 130 AVE
DAVIE, FL 33330

New Mailing Address:

FEI Number: 43-2048991 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STEWART, DONNARAE
9912 NW 41 ST
MIAMI, FL 33178 US

Name and Address of New Registered Agent:

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.

SIGNATURE: DONNARAE STEWART

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MEIKLE, RODERICK
Address: 4367 SW 130 AVE
City-St-Zip: DAVIE, FL 33330

Title: V ( ) Delete
Name: MEIKLE, MAXEN
Address: 4367 SW 130 AVE
City-St-Zip: DAVIE, FL 33330

Title: ST ( ) Delete
Name: MEIKLE, ROXANNE
Address: 4367 SW 130 AVE
City-St-Zip: DAVIE, FL 33330

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change ( ) Addition
Name: MEIKLE, ROXANNE
Address: 4367 SW 130 AVE
City-St-Zip: DAVIE, FL 33330

Title: ST (X) Change ( ) Addition
Name: MEIKLE, MAXIEN
Address: 4367 SW 130 AVE
City-St-Zip: DAVIE, FL 33330

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROXANNE MEIKLE V 10/06/2005

Electronic Signature of Signing Officer or Director Date