

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 MAY -6 PM 4:22

DOCUMENT # P05000083193

1. Corporation Name

Dish PRO Inc.

2. Principal Office Address - No P.O. Box #

13511 87<sup>th</sup> PL N

Suite, Apt. #, etc.

3. Mailing Office Address

13511 87<sup>th</sup> PL N

Suite, Apt. #, etc.

City & State

Seminole FL

City & State

Seminole FL

Zip

33776

Country

USA

Zip

33776

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

JUN-09-2005

5. FEI Number

26-0117470

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

Gerald Rodriguez

Street Address (P.O. Box Number is Not Acceptable)

13511 87<sup>th</sup> PL N

Suite, Apt. #, Etc.

City

Seminole

State

FL

Zip Code

33776

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 04/30/08

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	FRANK J Perez.	13511 87 <sup>th</sup> PL N	Seminole FL 33776
VP	Gerald Rodriguez	13511 87 <sup>th</sup> PL N	Seminole FL 33776
S	Humberto Iglesias	6227 S Las Avidas #	Tampa FL 33616

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] Gerald Rodriguez 04/30/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

d/900