

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 JUN -6 AM 9:22

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000136651

1. Corporation Name

Palm Beach Pro Inc.

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

1893 SERVICE Rd.

Suite, Apt. #, etc.

3. Mailing Office Address

1893 SERVICE Rd.

Suite, Apt. #, etc.

City & State

North Palm Beach, FL

City & State

North Palm Beach, FL

Zip

33408

Country

U.S.

Zip

33408

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

SEPT 2005

5. FEI Number

20-3641165

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

RICARDO PIZZI

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

1893 SERVICE Rd.

Suite, Apt. #, Etc.

City

North Palm Beach

State

FL

Zip Code

33408

☐ 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 5-27-08

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
D	Pizzi, Ricardo	1893 Service Rd	North Palm Beach, FL 33408

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

5-27-08

Date

561-629-2547

Daytime Phone #

National City

Boca East Office
2400 N Federal Highway
Locator 75-FL-S211
Boca Raton, FL 33431
(561) 393-6441
Fax (561) 391-6119

Katherine Chin
State of Florida Division of Corporations
Re: Palm Beach Pro/ Pro Pioneer

I am writing this letter on behalf of Ricardo Pizzi, I myself helped him open a new business account changing titles for his business. Unfortunately, we were under the impression that a check that he wrote to The Florida Division of Corporations had already cleared the old account when we closed it to open the new account.

Mr. Pizzi is a customer of good standing with National City, and the returned check was simply an error, or perhaps poor communication on the banks part. I hope that you will consider reinstating his registration with out a penalty, so that he can keep his business running with out interruption.

If you have any concerns regarding this issue, or more details please don't hesitate to contact me.

Sincerely;



Leigh Stephens
Branch Office Manager
National City
Boca East office
(561)393-6441

National City

Leigh M. Stephens
Office Manager
Boca East Office

2400 N Federal Highway
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Boca Raton, FL 33431

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Leigh.Stephens@nationalcity.com