

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000045896

1. Entity Name
PRO FINANCIAL HOLDINGS, INC.



08 OCT 20 PM 12:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
536 N MONROE ST
TALLAHASSEE, FL 32301

Mailing Address
PO BOX 3696
TALLAHASSEE, FL 32315



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10072008 REIN-P CR2E098 (1/07)

4. FEI Number
20-4625845

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROBINSON, BRYAN
536 N MONROE ST
TALLAHASSEE, FL 32301

Name

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

City

FL

Zip Code

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

10/14/08

FILE NOW!!! FEE IS \$150.00
After January 1, 2009, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME ESCOBAR, JAVIER
STREET ADDRESS 420 PLANTATION RD
CITY-ST-ZIP TALLAHASSEE, FL

TITLE D ☐ Delete
NAME FORSTHOEFEL, MICHAEL
STREET ADDRESS 1300 MEDICAL DR
CITY-ST-ZIP TALLAHASSEE, FL

TITLE D ☐ Delete
NAME TURNER, STEPHEN
STREET ADDRESS 215 S MONROE ST STE 400
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE D ☐ Delete
NAME ROBINSON, BRYAN
STREET ADDRESS 1771 NEWHAN LANE
CITY-ST-ZIP TALLAHASSEE, FL 32312

TITLE D ☐ Delete
NAME SAULS, JAMES
STREET ADDRESS P O BOX 2535
CITY-ST-ZIP TALLAHASSEE, FL 32316

TITLE D ☐ Delete
NAME ROSEN, PETER
STREET ADDRESS 310 BLOUNT ST
CITY-ST-ZIP TALLAHASSEE, FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
900137071889
10/20/08--01045--011 **300.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/14/08

850-681-7761

10/21/08