

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P07000069741

1. Entity Name  
PROBANK



08 OCT 20 PM 12:55

RECEIVED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
536 NORTH MONROE STREET  
TALLAHASSEE, FL

Mailing Address  
536 NORTH MONROE STREET  
TALLAHASSEE, FL



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10072008

REIN-P

CR2E098 (1/07)

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CHIEF FINANCIAL OFFICER  
200 E GAINES ST  
PO BOX 6200 (32314-6200)  
TALLAHASSEE, FL 32399

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

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	<input type="checkbox"/> Delete
NAME	ATKINS-GUNTER, KATHLEEN	
STREET ADDRESS	1117 SAVANNAH TRACE	
CITY-ST-ZIP	TALLAHASSEE, FL 32312	
TITLE	D	<input type="checkbox"/> Delete
NAME	DOUGHERTY, EDWARD W JR	
STREET ADDRESS	5414 ASHTON COURT	
CITY-ST-ZIP	TALLAHASSEE, FL 32317	
TITLE	D	<input type="checkbox"/> Delete
NAME	ESCOBAR, JAVIER I II, MD	
STREET ADDRESS	420 PLANTATION RD	
CITY-ST-ZIP	TALLAHASSEE, FL 32303	
TITLE	D	<input type="checkbox"/> Delete
NAME	FORSTHOEFEL, MICHAEL W MD	
STREET ADDRESS	437 AUDUBON DRIVE	
CITY-ST-ZIP	TALLAHASSEE, FL 32312	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOBBS, ROGER K	
STREET ADDRESS	3823 EAST MILLERS BRIDGE RD	
CITY-ST-ZIP	TALLAHASSEE, FL 32312	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOAYAD, ALLEN R	
STREET ADDRESS	8104 LANTERNLIGHT RD	
CITY-ST-ZIP	TALLAHASSEE, FL 32312	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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10/20/08--01045--011 \*\*300.00

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