

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1. Corporation Name

Pro-Index Corp.

Principal Place of Business

Mailing Address

12188 NW 9th Dr.
Coral Springs, FL 33071

12188 NW 4th DR.
Coral Spring,
FL 33071

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

12188NW9th DR

12188 NW 9th DR.

Suite, Apt. #, etc.

Suite, Apl. #, etc

City & State
CORAL Springs, FL

City & State
Coral Springs, FL

Zip 33071

33070

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
2	3	4	
PID	IRA CARLIN	12188 NW 9TH DR.	Coral Springs, FL 33071
			600002183866--3
			-05/19/97--01173--006
			***1080.00 ***1080.00
			UB5-15-97

8. Name and Address of Current Registered Agent

Paul H. Kupfer
1700 University DR.
Coral Springs, FL 33071

9. Name and Address of New Registered Agent

Name IRA CARLIN
Street Address (P.O. Box Number is Not Acceptable) 12188 NW 9th DR.
Suite, Apt. #, Etc. _____

^{City}
CORAL Springs

State	Zip Code
FL	33071

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date May 1/51

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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 under section 119.07(3)(i), 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

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Daytime Phone # _____

FILED

97 MAY 12 PM 2:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 95-97

CP2E040 (12/96)