

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS **APPROVED AND FILED**

APPLICATION FOR **REINSTATEMENT**



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

1996 NOV 20 PM 1:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000069977**

1 Corporation Name
PROJET, INC

Principal Place of Business Mailing Address
ALTAMONTE SPRINGS 275 E. CENTRAL PARKWAY #633
ALTAMONTE SPRINGS, FL 32701

REINSTATEMENT

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable
478 E. ALTAMONTE DR.
Suite, Apt. #, etc. **SUITE 108-253**
City & State **ALTAMONTE SPRINGS, FL**
Zip **32701-4615** Country **USA**

3. New Mailing Address, If Applicable
275 E. CENTRAL PARKWAY
Suite, Apt. #, etc. **# 633**
City & State **ALTAMONTE SPRINGS, FL**
Zip **32701** Country **USA**

4. Date Incorporated or Qualified To Do Business in Florida
OCT. 4, 1993

5. FEI Number
59-320-9113

6. CERTIFICATE OF STATUS DESIRED \$3.75 Additional Fee required for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	HECTOR HERNANDEZ C.	275 E. CENTRAL PARKWAY #633	ALTAMONTE SPRINGS, FL zip. 32701

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-11/22/96--01009--012
****783.75 ****783.75

8. Name and Address of Current Registered Agent
HECTOR HERNANDEZ C.
275 E. CENTRAL PARKWAY #633
ALTAMONTE SPRINGS, FL 32701

9. Name and Address of New Registered Agent
Name **HECTOR HERNANDEZ C.**
Street Address (P.O. Box Number is Not Acceptable)
275 E. CENTRAL PARKWAY
Suite, Apt. #, Etc. **# 633**
City **ALTAMONTE SPRINGS** State **FL** Zip Code **32701**

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 Date **11/18/96**
REGISTERED AGENT MUST SIGN

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: Date **11/18/96** Daytime Phone # **(407) 331-4661**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (12/95)