

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS APPLICATION

APPLICATION  
FOR REINSTATEMENT



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

APPROVED  
AND  
FILED

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

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

REINSTATEMENT

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

478 E. ALTAMONTE DR.

3. New Mailing Address, If Applicable

275 E. CENTRAL PARKWAY

4. Date Incorporated or Qualified To Do Business in Florida

OCT. 4, 1993

Suite, Apt. #, etc.

Suite 108-253

Suite, Apt. #, etc.

# 633

5. FEI Number

59-320-9113

Applied For

Not Applicable

City & State

ALTAMONTE SPRINGS, FL

City & State

ALTAMONTE SPRINGS, FL

Zip

32701-4615

Country

USA

Zip

32701

Country

USA

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

400002011924--0  
-11/22/96--01009--012  
\*\*\*\*783.75 \*\*\*\*783.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HECTOR HERNANDEZ C.  
275 E. CENTRAL PARKWAY #633  
ALTAMONTE SPRINGS, FL 32701

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date: 11/18/96

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*[Signature]* HECTOR HERNANDEZ C. 11/18/96 (407) 331-4661

CR2E040 (12/95)