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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000079763

1. Corporation Name

PRONETWORK CORP.

REINSTATEMENT 01-02

2. Principal Office Address
6491 NW 112th Pl
Suite, Apt. #, etc.

3. Mailing Office Address
SAME
Suite, Apt. #, etc.

City & State: Miami, Florida
Zip: 33178
Country: USA

City & State
Zip
Country

4. Date Incorporated or Qualified To Do Business in Florida: 11/18/1993

5. FEI Number: 65-0451906

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Jose Luis Poza
Street Address (P.O. Box Number is Not Acceptable): 6491 NW 112th Place
Suite, Apt. #, Etc.
City: Miami
State: FL
Zip Code: 33178

8. I being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0501 or 617.0303, F.S.

Signature of Registered Agent: [signature] REGISTERED AGENT MUST SIGN
Date: 09/04/2002

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Jose Luis Poza	6491 NW 112th Place	Miami, Fl 33178.
VP/SEC	Nancy Poza	6491 NW 112th Place	Miami, Fl 33178.

10. 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., 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 provided on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: [signature] 9/04/2002 (305 599
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

jp 9/5/02

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

CORPORATION REINSTATEMENT

PRONETWORK CORP.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$900.00