

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **993000084313**

1. Corporation Name **PROROSA SERVICES CORPORATION**

Principal Place of Business **Home Business** Mailing Address :
**8101 Camino Real
C-202
Miami, Florida 33143**

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida
12/6/93

5. FEI Number

59-3226131

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ **YES** ☐ **NO**

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	Oswaldo Arratia	8101 Camino Real #C-202 Miami, fl.	Miami, fl. 33143
VP	Manuel Arratia	8101 Camino Real #C-202	Miami, fl. 33143
D-S	Sandra Arratia	8101 Camino Real #C-202	Miami, fl. 33143

8. Name and Address of Current Registered Agent

**Sandra Arratia
8101 Camino Real #C202
Miami, fl. 33143**

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Sandra Arratia
REGISTERED AGENT MUST SIGN

Date

09/1/96

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:

Sandra Arratia
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/1/96
Date

(305) 279-2217
Daytime Phone #

FILED

96 NOV 15 AM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA 9

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REINSTATEMENT

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