

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM  
APPLICATION FOR REINSTATEMENT  
FLORIDA DEPARTMENT OF STATE  
Sandra B. Mohrham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000063455

1. Corporation Name

PRO-LEISURE, INC.

REINSTATEMENT 1996-98

Principal Place of Business

Mailing Address

3081 E. Commercial Blvd., Suite 101  
Ft. Lauderdale, FL 33308  
P.O. Box 50843  
Lighthouse Point

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

2. New Principal Office Address, If Applicable

1299 E. Commercial Blvd.

Suite, Apt. #, etc.

Suite 200

City & State

Ft. Lauderdale, FL

Zip

33334

Country

U.S.

3. New Mailing Office Address, If Applicable

1299 E. Commercial Blvd.

Suite, Apt. #, etc.

Suite 200

City & State

Ft. Lauderdale, FL

Zip

33334

Country

U.S.

4. Date Incorporated or Qualified To Do Business in Florida

August 25, 1994

5. FEI Number

65-051 8876

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P/D	Kevin D. Johnson	Suite 200 1299 E. Commercial Blvd.	Ft. Lauderdale, FL 33334

8. Name and Address of Current Registered Agent

Wendy Henshaw

3081 E. Commercial Blvd.

Suite 101

Ft. Lauderdale, FL 33308

9. Name and Address of New Registered Agent

Name

Keith A. Lowe

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

215 S. Federal Hwy.

Suite, Apt. #, Etc.

Suite 200

City

Stuart

State

FL

Zip Code

34994

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

*Keith A. Lowe*

REGISTERED AGENT MUST SIGN

Date

8/14/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

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:

*Keith A. Lowe*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-15-98

Date

(954) 772-7716

Daytime Phone #

CR25040 (1-98)

**ATTORNEYS' TITLE**

Requestor's Name

Address

City/State/Zip

Phone #

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
2. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
3. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
4. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

☒ Walk in

☐ Pick up time

ASAP

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input checked="" type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

**FILED**  
**RECEIVED**  
98 AUG 27 PM 1:08  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Examiner's Initials