PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 1 of 2

~~CORPORATION~~ REINSTATEMENT

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

00201

FILED
01 JAN 29 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000083892

1. Corporation Name PROINTO GROUP INC.
D.B.A. STUD EL PULPO

2. Principal Office Address	3. Mailing Office Address
351 LAKEVIEW DR.	
Suite, Apt. #, etc. #43-102	Suite, Apt. #, etc.
City & State WESTON, FL	City & State
Zip 33326 / Country U.S	Zip / Country

SP

4. Date Incorporated or Qualified To Do Business in Florida 11-14-94

5. FEI Number 65-0538544 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name THODDE MIGUEL JR.

100003656611--4
-02/03/01--01002--018
****300.00 ****300.00

Street Address (P.O. Box Number is Not Acceptable) 351 LAKEVIEW DR.

Suite, Apt. #, Etc. #43-102

City WESTON - FL | State FL | Zip Code 33326

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____ REGISTERED AGENT MUST SIGN Date 1-25-01

CR2E081 (9/00)

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	THODDE MIGUEL SR.	17905 NW 21ST PEMBROKE PINES FL 33029	
D	THODDE MIGUEL JR	351 LAKEVIEW DR. #43-102	WESTON FL 33326

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., 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: _____ MIGUEL THODDE JR. 1-25-01 (954)385-3847
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

292 1-25-01

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
PO BOX 6327
TALLAHASSEE FL 32314

ATTN: MS SPRATHER

PODINTO GROUP INC.
D.B.A. STUDEL PULPO
351 LAKEVIEW DR
#43-102 WESTON FL
33326

THANK YOU FOR TAKING MY CALL AND SENDING THE REINSTATEMENT APPLICATION SO PROMPTLY.

AS I EXPLAINED DURING OUR PHONE INTERVIEW I did, SEND OUR ANNUAL REPORT FOR THE YEAR 2000 PRIOR TO MY TRIP OVERSEAS AND TOOK FOR GRANTED THAT IT WAS RECEIVED ON TIME BY THE DIVISION.

AS YOU TOLD ME OVER THE PHONE MY CORPORATION will BE REINSTATED AND UP TO DATE BY SENDING THE AMOUNT OF $300 ALONG WITH THE APPLICATION. SO FIND ENCLOSED THIS AMOUNT AND CONTACT ME AT (954) 385-3847 FOR ANY FURTHER INFORMATION.

THANKS,

MIGUEL THODDE JR.
REGISTERED AGENT