PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Sandra B. Mortham FOR Secretary of State FILED REINSTATEMENT DIVISION OF CORPORATIONS P95000003403 DOCUMENT # 98 APR 27 PM 12: 16 1. Corporation Name SECRETARY OF STATE TALLAHASSEE. FLORIDA PROCHEOK PLUS, INC. Principal Place of Business Mailing Address 1401 PENMAN RD. 1401 PENMAN RD. ABB A & B JACKSONVILLE BEACH FL 32250 JACKSONVILLE FL 32250 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, if Applicable 3. New Malling Office Address, If Applicable Date Incorporated or Qualified To Do Business In Florida 01/11/1995 Suite, Apt. #, etc. Suite, Apt. #, etc 5. FEI Number Applied For 59-3285912 City & State City & State Not Applicable 6 \$8.75 Additional Fee required Zip, Country Country CERTIFICATE OF STATUS DESIRED 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) Name of Officers Street Address of Each Title(s) and/or Directors City / State / Zip Officer and/or Director (Do NOT Use Post Office Box Numbers) BROUGHTON, WILLIAM M **1840 12 OAKS LN EAST** NEPTUNE BEACH FL 32266 800002512478----05/06/98--01011--016 ****988.88 ****988.88 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name BROUGHTON, WILLIAM M Street Address (P.O. Box Number is Not Acceptable) 13000 SAWGRASS VILLAGE CIR SUITE 5 **PONTE VEDRA BEACH FL 32082** Suite, Apt. #, Etc. State Zip Code 10. I, being appointed the egistered agent of the above named concerning am familiar with and accept the obligations of Section 607.0505. F.S. Signature of Registered Agent

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.

11. This corporation owes or has paid the current year

Intangible Personal Property tax due June 30.

William M. Broughon 1/15/97 247-7220 OR DIRECTOR Davime Phone #

Yes ⊠

(See other side for information

on intangible tax.)