

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **P95000003403**

1. Corporation Name

**PROCHECK PLUS, INC.**

**FILED**

00 NOV -6 PM 3:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

1401 PENMAN RD.  
A & B  
JACKSONVILLE BEACH FL 32250  
US

Mailing Address

1401 PENMAN RD.  
A & B  
JACKSONVILLE FL 32250  
US

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 Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01/11/1995

5. FEI Number

59-3285912

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	BROUGHTON, WILLIAM M	1840 12 OAKS LN EAST	NEPTUNE BEACH FL 32266
			500003481215--1 -11/30/00--01048--011 ****750.00 ****750.00
			LS

8. Name and Address of Current Registered Agent

BROUGHTON, WILLIAM M  
13000 SAWGRASS VILLAGE CIR SUITE 5  
PONTE VEDRA BEACH FL 32082

9. Name and Address of New Registered Agent

Name

Broughton, William M

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

1401 Penman Road

Suite, Apt. #, Etc.

Suite A & B

City

Jacksonville Beach

State

FL

Zip Code

32250

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

*William M Broughton*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date 11-1-00

11. 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:

*William M Broughton*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-1-00  
Date

247-9220  
Daytime Phone #

CR2E040 (8/00)