

# P9500025808

## TRANSMITTAL LETTER

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

FILED  
MAR 31 PM 12:55  
TALLAHASSEE, FLORIDA

SUBJECT: Pronet On Line, Inc.  
(Proposed corporate name - must include suffix)

600001450376  
-04/07/95--01031--004  
\*\*\*131.25 \*\*\*131.25

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate

☐ \$122.50  
Filing Fee  
& Certified Copy

☒ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

Additional Copy Required

FROM:

Coral Johnston

Name (printed or typed)

P.O. Box 1615

Address

New Smyrna Beach, FL 32170

City, State & Zip

(904) 426-8603

Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

BROWN MAR 31 1995

**ARTICLES OF INCORPORATION**

*The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt the following Articles of Incorporation.*

**ARTICLE I NAME**

The name of the corporation shall be: **Pronet On Line, Inc.**

**ARTICLE II PRINCIPAL OFFICE:**

The principal place of business and mailing address of this corporation shall be:

**Mailing Address: P.O. Box 1616  
New Smyrna Beach, FL 32170**

**Street Address: 167 Breezeway Court  
New Smyrna Beach, FL 32169**

**ARTICLE III SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: **1000**

**ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is: **Coral L. Johnston**

**Mailing Address: P.O. Box 1616  
New Smyrna Beach, FL 32170**

**Street Address: 167 Breezeway Court  
New Smyrna Beach, FL 32169**

**FILED**  
55 MAR 31 PM 12:55  
STATE  
TALLAHASSEE, FLORIDA

**ARTICLE V INCORPORATOR**

The name and street address of the incorporator to these Articles of Incorporation is:

**Coral L. Johnston  
167 Breezeway Court  
New Smyrna Beach, FL 32169**

The undersigned incorporator has executed these Articles of Incorporation this  
**28th day of March, 1995.**

Coral L. Johnston  
Signature

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

**FILED**  
95 MAR 31 PM 12:55  
STATE  
TALLAHASSEE, FLORIDA

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: Pronet On Line, Inc.

2. The name and address of the registered agent and office is:

Coral L. Johnston

(Name)

167 Breeze way Court

(P.O. Box or Mail Drop Box **NOT** acceptable)

New Smyrna Beach, FL 32169

(City/State/Zip)

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

Coral L. Johnston  
(Signature)

March 28, 1995  
(Date)

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 # **P95000025808**

1 Corporation Name

**PRONET ON LINE, INC.**

FILED  
96 OCT -9 AM 9:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**REINSTATEMENT**

Principal Place of Business  
167 BREEZEWAY COURT  
NEW SMYRNA BEACH FL 32169

Mailing Address  
POST OFFICE BOX 1615  
NEW SMYRNA BEACH FL 32170

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 Mailing Office Address, If Applicable

4 Date Incorporated or Qualified  
To Do Business in Florida

03/31/1995

5 FEI Number

59-3247139

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)

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
D	CORAL L. JOHNSTON	167 BREEZEWAY CT.	New Smyrna Bch, FL 32169

200001977532--7  
-10/16/96--01093--009  
\*\*\*\*\*375.00--\*\*\*\*\*375.00

B10-110-96

8 Name and Address of Current Registered Agent

JOHNSTON, CORAL L  
167 BREEZEWAY COURT  
NEW SMYRNA BEACH FL 32169

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

Coral L. Johnston  
REGISTERED AGENT MUST SIGN

Date

10/4/96

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 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:

Coral L. Johnston

10/4/96

Date

904/426-8469

Daytime Phone