

APPLICATION  
FOR ~~RE~~  
REINSTATEMENT



Sandra B. Mortham  
Secretary of State

## DIVISION OF CORPORATIONS

DOCUMENT #

**1. Corporation Name**

PROMPT IMPORT AND EXPORT INC.

Principal Place of Business

Mailing Address

2617 N.W. 17 LN.  
POMPADRO BEACH,  
FL 33064

2617 NW 17 LN  
POMPANO BEACH  
FL 33064

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

Applied For	
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City & State  
POMPANO BEACH, FL

City &amp; State

Zip 33064	Country BROWARD
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Zip	Country
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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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P-D.	HENRIQUE CUNHA.	2617 N.W. 17 LN POMPANO BEACH, FL 33064	POMPADON BEACH, FL 33064
			900002627899--5
			08/28/98-010574-010
			***1058 75 ***1058 75
			REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HENRIQUE CUNHA.  
2617 N.W. 17 LN.  
POMPANO BEACH, FL 33064

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

REGISTERED AGENT MUST SIGN

Date 08-22-98

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Daytime Phone #

CA2E040 (12M5)