

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P-95000062713

1 Corporation Name

PROTILE Incorporated

Principal Place of Business

Mailing Address

3131 ENSENADA WAY
MIAMI FL 33025

- SAME

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

2 New Principal Office Address, If Applicable

N/A

3 New Mailing Office Address, If Applicable

N/A

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4 Date Incorporated or Qualified
To Do Business in Florida

8/23/95

5 FEI Number

65-0602513

Applied For

Not Applicable

6

CERTIFICATE OF STATUS DESIRED ☐

SEE INSTRUCTIONS FOR FILING

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PRES	JUAN BRUNO	14230 SW 33 RD ST (Miami FL 33175)	Miami FL 33175
V. Pres	GLENROY HARPER	3131 ENSENADA WAY	MIAMI FL 33025

REINSTATEMENT 98-09 ITS

8 Name and Address of Current Registered Agent

GLENROY HARPER
3131 ENSENADA WAY
MIAMI FL 33025

9 Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

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

10/29/99

11 This corporation owes the current year
Intangible Personal Property Tax due June 30.

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GLENROY HARPER

10/29/99

Date

(305) 970-6173

Daytime Phone #

CR2001 (12/98)