

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 JAN 19 AM 10:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000081993

1. Corporation Name

PROTEAM & ASSOCIATES, INC.

Principal Place of Business

Mailing Address

5140 West Main, Unit 8
Newport Richey, Florida 34652

SAME

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

2. New Principal Office Address, If Applicable

1684 N. Belcher Road

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

1684 N. Belcher Road

Suite, Apt. #, etc.

City & State

Clearwater, Florida

City & State

Clearwater, FL

Zip

33765

Country

USA

Zip

33765

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10-25-95

5. FEI Number

59-3340024

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P/S/D	FRED BOWYER	1684 N. Belcher Road	Clearwater, FL 33765
			000002751920--6 -01/22/99--01098--017 ****150.00 ****150.00
			000002751920--6 -01/22/99--01098--018 ****150.00 ****150.00

REINSTATEMENT

98-99
7080
11989

8. Name and Address of Current Registered Agent

Jim Williamson
5140 West Main, Unit 8
Newport Richey, Florida 34652

9. Name and Address of New Registered Agent

Name

William K. Lovelace, Esquire

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

2310 West Bay Drive

Suite, Apt. #, Etc.

City Largo

State
FL

Zip Code
33770

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 K. Lovelace
REGISTERED AGENT MUST SIGN

Date

1/8/98

11. This corporation owes or has paid 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

Date

1/8/98

Daytime Phone #

(727)
441 3134