

Read Instructions on Other Side Before Making Entries

Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: DOCUMENT # P96000020649
The Pao Shop Inc.
9980 SW 168 TERRACE
Miami, Fla. 33157

2. If Address in Block 1 is incorrect in any way, enter the correct address below:
Address
City and State Zip Code

3. If Principle Office Address is different from mailing address, enter address below:
Address
City and State Zip Code

4. Date Incorporated or Qualified To Do Business in Florida: 03/06/96

5. FEI Number: * 650650543

FEI Number Applied For

FEI Number Not Applicable

6. \$8.75 Additional Fee required for a Certificate of Status
CERTIFICATE OF STATUS DES RES

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Titles	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
VICE-PRES.	Hugo Gimenez	7960 SW 13 TH TERR.	Miami, Fla. 33144
PRESID.	Elbo Fonseca	12330 SW 195 TERR.	Miami, Fla. 33177

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent
Ricardo Velazquez
9980 SW 168 TERRACE
Miami, Fla. 33157

9. If changed, new registered agent / office
Name
Street Address (Do NOT Use P.O. Box Number)
Street Address (Do NOT Use P.O. Box Number)
City State Zip
FL.

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: [Signature]

REGISTERED AGENT MUST SIGN

Date: 9/15/97

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information)

12. 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.)

13. 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 of Officer or Director: [Signature]

Date: 9/15/97

Daytime Phone: 305-251-6949

THE PRO SHOP INC.

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9980 S.W. 168 Terr. ~ MIAMI, FL 33157
Phone (305)251-6999 ~ Fax (305)251-6999

September 11, 1997

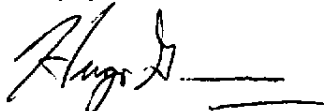
Division of Corporations
Annual Reports Section
P.O. Box 1500
Tallahassee, FL 3202-1500

FEI Number: 65-0650543

To whom it may concern:

I am Hugo Gimenez; Vice President of The Pro Shop Inc. I have never received the corporate annual report and as a result I consulted with my accountant and he gave me this form. I have been waiting for the form until I got worried and consulted with my accountant. Please accept this form and if not, tell me what to do. Enclosed is the \$165 renewal fee. I would appreciate it if you could abate any penalties due as I fell it is not my fault that I never received the appropriate forms. Should you have any questions please call me at (305)251-6999.

Sincerely yours,



Hugo Gimenez
Vice President