

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 APR 22 AM 8:00

DOCUMENT # P 96000022689

1. Corporation Name

PROED INTERNATIONAL, INC.

REINSTATEMENT

03-04
MRD

2. Principal Office Address

4010-D NEWBERRY RD

Suite, Apt. #, etc.

3. Mailing Office Address

4010-D NEWBERRY RD.

Suite, Apt. #, etc.

City & State

GAINESVILLE, FLORIDA

City & State

GAINESVILLE, FLORIDA

Zip

32607

Country

USA

Zip

32607

Country

USA

400033558604

04/22/04--01051--006 **908.75

4. Date Incorporated or Qualified
To Do Business in Florida

03/11/1996

5. FEI Number

59-3387706

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

GEORGE JACOB

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

4010-D NEWBERRY ROAD

Suite, Apt. #, Etc.

City

GAINESVILLE

State

FL

Zip Code

32607

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

4-21-04

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	GEORGE JACOB	4010-D NEWBERRY ROAD	GAINESVILLE, FL 32607

10. 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:

GEORGE JACOB
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/04

Date

352-376-8118

Daytime Phone #

CR2E081 (01/04)