

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED

02 OCT -3 PM 1:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000047726

1. Corporation Name

Prolist, Inc.

2. Principal Office Address

3627 Indian River Dr

Suite, Apt. #, etc.

City & State

Vero Beach FL

Zip

32963

Country

US

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

65-0673302

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

Karen Marcell

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

3627 Indian River Dr

Suite, Apt. #, Etc.

City

Vero Beach

State  
FL

Zip Code

32963

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 10/1/02

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

| Titles            | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip   |
|-------------------|--------------------------------------|---|----------------------|
| Pres<br>Sec/Treas | Karen Marcell                        | 3627 Indian River Dr                              | Vero Beach, FL 32963 |
| V.P.              | Roger Marcell                        | Vero Beach, FL 32963                              |                      |
|                   |                                      |   |                      |
|                   |                                      |   |                      |
|                   |                                      |   |                      |
|                   |                                      |   |                      |
|                   |                                      |   |                      |

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/1/02

Date

7724739262

Daytime Phone #

CF2E081 (9/01)

Prolist, Inc  
3627 Indian River Drive  
Vero Beach, FL 32963

October 1, 2002

Florida Department of State  
Jim Smith  
Secretary of State  
Division of Corporations

To Whom It May Concern:

Enclosed please find the reinstatement application and the fee of \$150.00 to reinstate Prolist, Inc of Vero Beach Florida FEI Number:65-0673302. The annual report renewal was sent to the wrong address, it appeared to the representative when I called that the mailing address had been transposed. Thank you for your immediate attention to this matter.

Sincerely,



Karen L. Marcil  
President