

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



97-98AR
FLORIDA DEPARTMENT OF STATE
Sandra L. Marshall
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 OCT -2 PM 12:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000061457

1. Corporation Name

PROBANCA INTERNATIONAL INC.

Principal Place of Business

Mailing Address

14274 S.W. 97TH TERRACE (SAME)
MIAMI, FL 33186

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

07-23-96

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-0683079

Not Applicable

Zip

Country

Zip

Country

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
1	2	3	4
PTD	JULIO LAZARO	14274 S.W. 97Th. TERR	MIAMI, FL 33186

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-10/06/98--01050--001
***323.75 ***323.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

JOSE N. CORREA

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

6801 N.W. 77TH AVE.

Suite, Apt. #, Etc.

SUITE, 310-A

City

MIAMI

State

FL

Zip Code

33166

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

Jose N. Correa

REGISTERED AGENT MUST SIGN

Date 09-24-98

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 taxes 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:

Julio Lazaro

JULIO LAZARO, President

09-29-98

(305) 386-5068

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #