

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Notarized
Secretary of State
DIVISION OF CORPORATIONS

1072

FILED

00 OCT 18 AM 9:59

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P96000072189**

1. Corporation Name

PROVERBO TRANSLATIONS, INC.

Principal Place of Business

Mailing Address

2750 NORTHWEST 25 WAY
BOCA RATON FL 33434

POST OFFICE BOX 811390
BOCA RATON FL 33481



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

08/29/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-0692552

Not Applicable

Zip

Country

Zip

Country

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) 1	2	Name of Officers and/or Directors	3	Street Address of Each Officer and/or Director	4	City / State / Zip
PTD		MESA-PELLEY, CHARLES PH.D		2750 NORTHWEST 25 WAY		BOCA RATON FL 33434
VSD		MESA-PELLEY, JUDITH B PH.D		2750 NORTHWEST 25 WAY		BOCA RATON FL 33434

200003447802--2
-11/01/00--01113--009
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BLAKESBERG, JON D.
951 SW 4TH AVE
BOCA RATON FL 33432

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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 REQUIRED

Date

REGISTERED AGENT MUST SIGN

11. 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles Pessa - Pelley Ph.D.

Oct 16, 2000

Date

(561) 9871804

Daytime Phone #

KE

PROVERBO™ *Translations, Inc.* 2 of 2

Commercial, Medical and Literary Translations

English, Spanish, Portuguese, French and Italian

Charles Mesa-Pelly, Ph.D.

Judith Mesa-Pelly, Ph.D.

October 16, 2000

Katherine Harris
Secretary of State
Division of Corporations
P.O. Box 6327
TALLAHASSEE 32314-6327

Ref.: Proverbo™ Translations, Inc. – PEI number 65-0692552

Dear Madam,

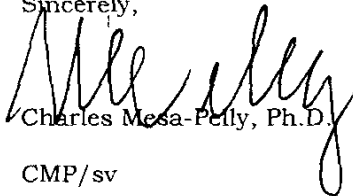
Last week we surprisingly received a Notice of Administrative Dissolution or Revocation.

Surprisingly, because we currently continue to pay our sales taxes, and in the previous years we have punctually fulfilled our yearly financial responsibilities with the State of Florida. I am sure state records may properly endorse my words.

Madam Secretary, Proverbo™ Translations, Inc., did not receive anything from the state prior to the form of my reference. Indeed, today we called 1-850-487-6059 to discuss this situation and we were informed "that the postal service claimed it was unable to deliver the original form." Madam Secretary, we are in the position to prove that Proverbo™ Translations, Inc., has yearly paid the box that appears in our mailing address. Since this is the only plausible reason for the postal service's inability to deliver the state's correspondence, it seems as if something else happened.

Enclosed is check number 240 for \$ 150, and the signed Application for Reinstatement.

Sincerely,



Charles Mesa-Pelly, Ph.D.

CMP/sv