

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P96000077468

00 OCT 20 PM 3:28

1. Corporation Name

PROCO, INC.

Principal Place of Business

15851 SW 41 ST
STE 700
DAVIE FL 33331
US

Mailing Address

1395 NW 159 LN
PEMBROKE PINES FL 33024

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country



REINSTATEMENT

00

4. Date Incorporated or Qualified
To Do Business in Florida

09/17/1996

5. FEI Number

65-0693827

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	HATCH, ROBERT	1395 NW 159TH LANE	PEMBROKE PINES FL 33028
VPT	PRESTI, CHRIS	10511 SW 50TH ST	COOPER CITY FL 33328
S	BRAUERMAN, EDWARD	3601 BRIDGE RD	COOPER CITY FL 33021

400003455964--7
-11/07/00--01114--003
****750.00 ****750.00

10/15

8. Name and Address of Current Registered Agent

BENENFELD, BRUCE J ESQ.
7800 WEST OAKLAND PARK BLVD. STE 109
SUNRISE FL 33351

9. Name and Address of New Registered Agent

Name
Bruce J. Benenfeld, Esq.
Street Address (P.O. Box Number is Not Acceptable)
2 South UNIVERSITY Drive
Suite, Apt. #, Etc.
265
City
Plantation
State
FL
Zip Code
33324

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

Bruce Benenfeld
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/12/00

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:

Robert Hatch
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-13-00

Daytime Phone #

217-1987
954-4141