

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Sandra B. Northrup
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000095893

1. Corporation Name

PROFESSIONAL INVESTMENT CORP

Principal Place of Business

Mailing Address

7925 NW 12 Street
Ste 318
Miami, FL 3312699 DEC 29 PM 12:54
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

7925 NW 12 Street

Suite, Apt. #, etc.

Ste 318

City & State

Miami, Florida

Zip

33126

Country

Dade

3. New Mailing Address, If Applicable

7925 NW 12 Street

Suite, Apt. #, etc.

318

City & State

Miami, Florida

Zip

33126

Country

Dade

4. Date Incorporated or Qualified
To Do Business in Florida

11-25-96

5. FEI Number

65-0710810

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)

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
P/S	Ismael Gonzalez	7925 NW 12 Street Ste 318	Miami, FL 33126
V-P/T	Francisco I. González	7925 NW 12 Street Ste 318	Miami, FL 33126

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-01/04/00--01081--013

***1050.00 ***1050.00

8. Name and Address of Current Registered Agent

Franso Ismael Gonzalez
7925 NW 12 Street
Ste 318
Miami, FL 33126

9. Name and Address of New Registered Agent

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

REGISTERED AGENT MUST SIGN

Date Dec 27th, 1999

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒(See other side for information
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/27/99

Date

(305) 470-7500

Daytime Phone