

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 MAR 13 PM 4:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000008564**

1. Corporation Name

PROTON OF SW FLORIDA, INC.

Principal Place of Business

Mailing Address

~~1318 LAFAYETTE STREET =~~
CAPE CORAL FL 33904

~~1505 SE 60TH STREET =~~
~~SUITE C =~~
CAPE CORAL FL 33904
US

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

2. New Principal Office Address, If Applicable

1505 SE 40th Street
Suite, Apt. #, etc. **C**

3. New Mailing Office Address, If Applicable

1505 SE 40th Street
Suite, Apt. #, etc. **C**

4. Date Incorporated or Qualified
To Do Business in Florida

01/28/1997

5. FEI Number

65-0724174

Applied For

Not Applicable

City & State

Cape Coral, FL

City & State

Cape Coral, FL

Zip **33904**

Country

US

Zip **33904**

Country

US

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	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PVST	ACKER, ALBERT C	1318 LAFAYETTE STREET / 1505 SE 40th Street Ste. C	CAPE CORAL FL 33904
D	ACKER, ALBERT C	1318 LAFAYETTE STREET / 1505 SE 40th Street Ste. C	CAPE CORAL FL 33904

500003204005--2
-04/11/00--01102--012
*****300.00 ***300.00**

8. Name and Address of Current Registered Agent

H.S. BLAIR AND ASSOCIATES
1505 SE 60TH STREET
SUITE C
CAPE CORAL FL 33904

9. Name and Address of New Registered Agent

Name **Michaela Bergmann c/o Euro-American
Financial Services, Inc.**
Street Address (P.O. Box Number is Not Acceptable)
1505 SE 40th Street
Suite, Apt. #, Etc.
Suite C
City **Cape Coral** State **FL** Zip Code **33904**

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 **3/10/2000**

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

Albert C. Acker, President

3/10/2000

Date

Daytime Phone #

(941) 549-9499

CR2E040 (8/99)

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EURO-AMERICAN FINANCIAL SERVICES, INC.

JAMES W. AMBURN, President
1505 S.E. 40th Street, Suite C
Cape Coral, Florida 33904

Telephone (941) 549-9499
Fax (941) 549-5133
e-mail jamburn@Euro-American.com

March 10, 2000

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL
32314

RE: Proton of SW Florida, Inc.
65-0724174
Document# P9700008564

Dear Division of Corporations,

Please reinstate Proton of SW Florida, Inc. The annual report was sent to the wrong address, no one forwarded it, and the report and payment was overlooked. The correct Mailing address is:

1505 SE 40th Street, Suite C, Cape Coral, FL 33904
c/o Euro-American Financial Services, Inc.

Thanking You in Advance for Your Cooperation,

Pennylynn A. Trealout, CPA