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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

07 OCT 24 PM 1:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 98-07

CR2E081 (12/05)

DOCUMENT # P97000018357

1. Corporation Name
PROFESSIONAL GROUP ASSOCIATES, INC.

2. Principal Office Address	3. Mailing Office Address
2400 S.W. 142 AVE.	SAME.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FLA.	City & State
Zip: 33175 Country: U.S.A.	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 02/26/1997

5. FEI Number ☑ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: JOSE PALMA
Street Address (P.O. Box Number is Not Acceptable): 2400 S.W. 142 AVE.
Suite, Apt. #, Etc.:
City: MIAMI State: FL Zip Code: 33175

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: JPalma Date: 10/16/07
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
(PRES/DIRECTOR)	JOSE PALMA	2400 SW 142 AVE.	MIAMI, FLA. 33175

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11/02/07--01051--008 **1500.00

10. 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 contained in Chapter 119, 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: JPalma JOSE PALMA - PRES 10/16/07 786-715-8906
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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October 16, 2007

Division of Corporations.
Annual Report Section

RE: Professional Group Associates, Inc.
Document # P97000018357

To whom it May Concern:

After many years we have realized that our annual Reports were never filed. We were under the impression that our company had been opened for many years. But after changing accountants we realized that we were not properly assessed by our previous Accountant.

We kindly appreciate if you grant our request for your consideration in the waiving of the penalties. We are including a check in the amount of $1500.00 (10x$150). We give you full assurance that this will never happen again.

Thank You,
Jose Palma
President.

Per Lazarus. Prior notices were not received by