

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 FEB 12 AM 9:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

PRO SUB, INC.
P97000024783

2. Principal Office Address

2155 N. STRD 7

Suite, Apt. #, etc.

City & State

MARGATE FL

Zip

33063

Country

USA

3. Mailing Office Address

2155 N. ST. RD 7

Suite, Apt. #, etc.

City & State

MARGATE FL

Zip

33063

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

03-19-97

5. FEI Number

650796251

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

DYAL, J. PATRICK

300005025073--4

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

1401 E BROWARD BLVD

-02/27/02--01092--010

****758.75 ****758.75

Suite, Apt. #, Etc.

STE 300

City

FT. LAUDERDALE

State

FL

Zip Code

33301

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

J. Patrick Dyal

REGISTERED AGENT MUST SIGN

Date

1/18/02

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
D	WALTER STEVENS	2155 N. ST. RD. 7	MARGATE, FL 33063

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-17-02 954-979-6800

CR2E081 (9/00)