

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 FEB -1 PM 1:57

DOCUMENT # P97000032245

1. Corporation Name

PROYNCO INTERNATIONAL CORPORATION

400004882854--1

-02/06/02--01034--020

****908.75 ****908.75

2. Principal Office Address

5000 NW 116 COURT

3. Mailing Office Address

8201 NW 66 STREET

REINSTATEMENT 01-02

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 4

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

**4. Date Incorporated or Qualified
To Do Business in Florida**

04/09/1997

5. FEI Number

65-0747799

Applied For

Not Applicable

Zip 33178

Country US

Zip 33166

Country US

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JORGE ALBERTO DIAZ-HURTADO

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

5000 NW 116 COURT

Suite, Apt. #, Etc.

City

MIAMI

State
FL

Zip Code

33178

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

Date 01/28/2002

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
PVSTD	DIAZ-HURTADO, JORGE A.	5000 NW 116 COURT	MIAMI, FL 33178

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:

DIAZ-HURTADO, JORGE A. 01/28/2002 (305)597-4511

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)