

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**
FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS
DOCUMENT # P97000044490**1. Corporation Name****PROSONLINE, INC.****2. Principal Office Address****3150 SANDY RIDGE DR**

Suite, Apt. #, etc.

City & State

CLEARWATER, FL

Zip

33761

Country

USA**3. Mailing Office Address****P.O. BOX 7902**

Suite, Apt. #, etc.

City & State

CLEARWATER, FL

Zip

33758

Country

USA**4. Date Incorporated or Qualified
To Do Business in Florida****05/1997****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

JOHN F. MARTIN

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

3150 SANDY RIDGE DR

Suite, Apt. #, Etc.

City

CLEARWATER

State

FL

Zip Code

33761
300082370233
12/07/06--01053--010 *490.00**
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**REGISTERED AGENT MUST SIGN**

Date

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
PS	JOHN F. MARTIN, SR	3150 SANDY RIDGE DR	CLEARWATER, FL 33761
VP,T	COLLEEN R. MARTIN	3150 SANDY RIDGE DR	CLEARWATER, FL 33761

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-01-06 7274606132

FILED
06 NOV 21 PM 1:34
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

CR2E081 (12/05)



Sean Litt

Dear Sean;

Thanks for all your help on these
I'm still uncertain and concerned where
the prior 3 submissions have gone

If you have any questions feel free
to contact me @ ~~813~~ 727-460 6132

Happy Thanks giving
Jaswanth