

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 JAN 31 PM 3:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000045281**

1. Corporation Name

PRONTO INSURANCE SERVICES INC

Principal Place of Business

1746 W 68TH STREET
HIALEAH FL 33014

Mailing Address

1746 W 68TH STREET
HIALEAH FL 33014

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 99-2000

4. Date Incorporated or Qualified
To Do Business in Florida

05/21/1997

SP

5. FEI Number

65-0769183

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PTD	PARLA, AGUSTIN	1746 W 68TH STREET	HIALEAH FL 33014
VP	FREIXA, SANTA P	1746 W 68TH STREET	HIALEAH FL 33014
S	PARLA, ANGELA	1746 WEST 68TH STREET	HIALEAH FL 33014

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****900.00 ****900.00

8. Name and Address of Current Registered Agent

KADE, PAUL M
9300 S. DADELAND BLVD., SUITE 408
MIAMI FL 33156

9. Name and Address of New Registered Agent

Name

AGUSTIN PARLA

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

1746 W. 68 ST

Suite, Apt. #, Etc.

City

HIALEAH

State

FL

Zip Code

33014

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

REGISTERED AGENT MUST SIGN

Date 1/28/2000

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: **AGUSTIN PARLA**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/2000
Date

305-362-7379
Daytime Phone #

CR2E040 (8/99)