

APR-13-1999 17:49

GRAY HARRIS ROBINSON PA

407 244 5690 P.03/03

PLEASE READ ALL INSTRUCTIONS

**98-99AR**  
 APPLICATION  
 FOR  
 REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P97000082772

1. Corporation Name

ProCent, Inc.

Principal Place of Business

Mailing Address

3885 Shader Road Same  
 Orlando, Florida 32808-3142

300002856533-8  
 -04/29/99--01072--013  
 \*\*\*\*300.00 \*\*\*\*300.00

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		9-23-97	
City & State		City & State		5. FEI Number	
Zip		Country		59-3471163	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$9.75 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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
Pres	Ronald J. Hudson, Sr.	3885 Shader Road	Orlando, FL 32808-3142
VP	Dan Rock	3885 Shader Road	Orlando, FL 32808-3142
Sec/ Treas.	John Olive	3885 Shader Road	Orlando, FL 32808-3142

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
		Name Ronald J. Hudson, Sr.	
		Street Address (P.O. Box Number is Not Acceptable) 3885 Shader Road	
		Suite, Apt. #, Etc.	
		City Orlando	
		State FL	
		Zip Code 32808	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0506, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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 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 taxes 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)(d), F.S. The information included 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 #

TOTAL D. 03

2

April 12, 1999

## Pro%Cent

Florida Secretary of State  
Reinstatement department  
P O Box 6327  
Tallahassee, FL 32314

Dear Sirs,

Enclosed is payment for our 1998 and 1999 corporation annual reports. We did not receive a blank document from your office in 1998. We moved our offices from 4075 Seaboard Ave. in Orlando to 3885 Shader Road, Orlando, FL 32808 on November 24, 1997. Please change our address in your files.

We had trouble receiving our forwarded mail from the post office for a short time early in 1998 and the annual report document was, apparently, one of those undelivered items. We have now discovered that our corporation was dissolved on October 16, 1998 due to this missing and un-filed document. We request that you waive the \$600.00 reinstatement fee due to this unfortunate circumstance. Please call me at 407/296-8770 with any questions you may have or write to us at the above address.

Sincerely,

  
Mark Taylor