

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 OCT 13 AM 10:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

PA8000001439

1. Corporation Name

Pro-Sites, Inc.

2. Principal Office Address

620 Douglas Ave.

Suite, Apt. #, etc.

Suite 1306

City & State

Altamonte Springs, FL

Zip

32714

Country

USA

3. Mailing Office Address

620 Douglas Ave.

Suite, Apt. #, etc.

Suite 1306

City & State

Altamonte Springs, FL

Zip

32714

Country

USA

CR2E081 (8/05)

4. Date Incorporated or Qualified
To Do Business in Florida

01-05-98

5. FEI Number

59-3534456

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

David R. Boehmer

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

620 Douglas Avenue

Suite, Apt. #, Etc.

Suite 1306

City

Altamonte Springs

State
FL

Zip Code

32714

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

10/11/05

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
P/S/D	David R. Boehmer	620 Douglas Avenue Suite 1306	Altamonte Springs FL 32714

REINSTATEMENT

02-05

900060586499
10/13/05--01064--004 **1208.75

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.

407-948-3659

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David R. Boehmer 10-12-05

Date

Daytime Phone #