

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000036781

1. Corporation Name

Protocol USA, INC

2. Principal Office Address

3100 Jodh Pura Lane

Suite, Apt. #, etc.

3408

City & State

ORLANDO, FLORIDA

Zip

32837

Country

ORANGE

3. Mailing Office Address

3100 Jodh Pura Lane

Suite, Apt. #, etc.

3408

City & State

ORLANDO, FLORIDA

Zip

32837

Country

ORANGE

1999-2001 UBR

4. Date Incorporated or Qualified

To Do Business in Florida

9/24/99

5. FEI Number

59-3524347

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

Jorge H. Ramirez

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

3100 Jodh Pura Lane

Suite, Apt. #, Etc.

3408

City

ORLANDO, FLORIDA 32837

State

FL

Zip Code

32837

300004614233-4

09/27/01 01073-029

****450.00 ****450.00

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 9/5/01

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
PT, S	Jorge H. Ramirez	3100 Jodh Pura Lane	ORLANDO, FL 32837

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/5/01

Daytime Phone #

4074607266

282

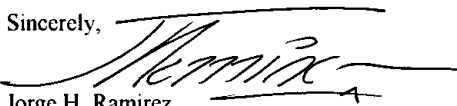
September 7, 2001

Florida Department of State
Division of Corporation
Reinstatement Dept.
P.O. Box 6327
Tallahassee, FL 32314

Dear: Sirs

Enclosed you'll find check in the amount of \$450.00 and the reinstatement form for Protocolo USA, Inc. Document #P98000036781. Per your instruction, I am now submitting this. I don't know whatever happened to the corporation renewal forms of the past years. I never received anything from you. Please adjust your records to reflect all the information I am now providing regarding said corporation. Should you have any question on the enclosed, please give me a call. Thank you for your consideration on this matter.

Sincerely,


Jorge H. Ramirez
President
Protocolo USA, Inc.