

192
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 SEP 10 AM 8:00

DOCUMENT # P98000051627

1. Corporation Name

Professional Negotiators, Inc.

2. Principal Office Address

160 NW 176th Street

Suite, Apt. #, etc.

304

City & State

Miami, FL

Zip

33169

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified
To Do Business in Florida

5/98

5. FEI Number

65-084-2974

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

03-04

MRS

7. Name and Address of Current Registered Agent

Name

Plinio M. Vargas

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

6021 W. Broward Blvd.

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33317

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]

Date

8/30/04

REGISTERED AGENT MUST SIGN

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
CEO	Plinio M. Vargas	- Same	300040968863 09/10/04--01064--003 **300.00

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

8/30/04

Date

305-493-1900

Daytime Phone #

CR2E081 (01/04)