

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000099342

1. Corporation Name

PROSITE RESOURCES, INC.

Principal Place of Business

Mailing Address

~~6547 ROCK CREEK DRIVE~~  
~~LAKE WORTH FL 33407~~

~~6547 ROCK CREEK DRIVE~~  
~~LAKE WORTH FL 33407~~

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

2. New Principal Office Address, If Applicable  
1601 W. TERRACE DR.

Suite, Apt. #, etc.  
LAKE WORTH, FL.

City & State  
33460-6458, USA

Zip Country

3. New Mailing Office Address, If Applicable  
1601 W. TERRACE DR.

Suite, Apt. #, etc.  
LAKE WORTH, FL.

City & State  
33460-6458, USA

Zip Country

REINSTATEMENT

00-01

4. Date Incorporated or Qualified  
To Do Business in Florida

11/24/1998

5. FEI Number

65-0879650

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	HAGER, JOSEPH H IV	<del>6547 ROCK CREEK DRIVE</del> 1601 W. TERRACE DRIVE	LAKE WORTH FL <del>33407</del> 33460-6458

8. Name and Address of Current Registered Agent

~~CORPORATE CREATIONS ENTERPRISES, INC.~~  
~~4521 PGA BOULEVARD #211~~  
~~PALM BEACH GARDENS FL 33418~~

9. Name and Address of New Registered Agent

Name

JOSEPH H. HAGER IV

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

1601 W. TERRACE DRIVE

Suite, Apt. #, Etc.

City

LAKE WORTH

State

FL

Zip Code

33460-6458

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]*  
REGISTERED AGENT MUST SIGN

Date 2-14-01

LS

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:

*[Signature]*  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-01 561-493-4500

Date

Daytime Phone #

CR2ED40 (8/00)