PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State **DIVISION OF CORPORATIONS**

P9900007507

1. Corporation Name

PROLINK GROUP INC.

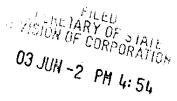
Principal Place of Business

DOCUMENT #

Mailing Address

219 CHANY ICLES BLVD

218 SHIMMY ISLES BLVD



			SUNNY ISLES BEACH FL 33160					
		e e e e e e e e e e e e e e e e e e e	to f		96			
If above addresses are incorrect in any way, line through incorrect information and enter correct. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable					1 7	porated or Qualified		
2. New Findipal Office Address, if Applicable 5. New Main			Tig Office Address, if Applicable		Date Incorporated or Qualified To Do Business in Florida 01/26/1999			
Suite, Apt. #, etc. Suite, Apt.			t, etc.		}			
City & Stat	e	City & State	City & State		65-0002987		Applied For	
					Not Applicab			
Zip	Country	Zip	Count	ry	CERTIFICAT	E OF STATUS DESIRED 🔲 🎽	3.75 Additional Fee require for a Certificate of Status	
7. Names	and Street Addresses of Each Officer an	d/or Director (FI	orida nonprofit corpor	ations must list at le	ast 3 directors)		<u> </u>	
Title(s)	Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip		
	CONTES: KEIDAG	960FNE TOTTH STOP APPRELIA		NORTH MIAMUSEACHIEL 23179				
	DELESE							
٧	DOMINGUES, ALEX C		1601 NE 191TH ST., APT. B104		NORTH MIAMI BEACH FL 33179			
<u></u>			06		70 06/02/	700020320047 6/02/ 03 01085004 **300.00		
8. Name and Address of Current Registered Agent					9. Name and	Address of New Registered	Agent	
CORTES, KEILA C				Name ALEX C. DOMINGUES				
218 S	UNNY ISLES BLVD. IY ISLES BEACH FL 33160			P.O. Box Number is Not Acceptable) SCINNY ISLES DLVD				
	:∢			City SUNKY -	TSLES,	BOH - Star	e Zip Code 30/60	
10. I, bein	g appointed the registered agent of the a	bove named corp	poration, am familiar w	/				

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.

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

SIGNATURE:

Signature of Registered Agent

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

04/27/03

Prolink Group Inc.

218 Sunny Isles BLVD Sunny Isles Beach, FL 33160 Email – prolink 1@gate.net Tel: (305) 948-8830 (305) 945-1894 Fax: (305) 945-2951

Miami, May 28th of 2003.

To: Florida Department of State Attn.: Reinstatement Department Ref.: FEI number 65-0902987

To whom it may concern,

I would like to take this opportunity to state that our company did not received the last "Uniform Business Report" as we do every year, consequently our registration was cancelled by the Florida Department of State. Please find attached check # 2100 written in the amount of US\$300.00 (three hundred dollars) to cover the penalty fee for reinstatement. Bellow is our current address; please make all necessary corrections to our mailing address, to avoid any problems in this nature from ever happen again:

Prolink Group Inc. 218 Sunny Isles Blvd Sunny Isles Beach – FL – 33160.

Your cooperation is extremely appreciated. If you have any questions or concerns don't hesitate to contact me at 1(305) 948-8830.

Sincerely,

Alexandre Domingués . Prolink Group Inc.