

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
03 JUN -2 PM 4:54

DOCUMENT # P99000007507

1. Corporation Name

PROLINK GROUP INC.

Principal Place of Business

Mailing Address

218 SUNNY ISLES BLVD.
SUNNY ISLES BEACH FL 33160

218 SUNNY ISLES BLVD.
SUNNY ISLES BEACH FL 33160



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

01/26/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0902987

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	CORTES, KEILA C DELETE	1601 NE 191TH ST., APT. B104	NORTH MIAMI BEACH FL 33179
V	DOMINGUES, ALEX C	1601 NE 191TH ST., APT. B104	NORTH MIAMI BEACH FL 33179

700020320047
06/02/03--01085--004 **300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORTES, KEILA C
218 SUNNY ISLES BLVD.
SUNNY ISLES BEACH FL 33160

Name
ALEX C. DOMINGUES
Street Address (P.O. Box Number is Not Acceptable)
218 SUNNY ISLES BLVD
Suite, Apt. #, Etc.
City
SUNNY ISLES BCH.
State
FL
Zip Code
33160

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

05/27/03

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

05/27/03 305 9472230

CR2E040 (8/02)

Prolink Group Inc.

218 Sunny Isles BLVD
Sunny Isles Beach, FL 33160
Email - prolink1@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 Domingues
Prolink Group Inc.

"In God we trust"