

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



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

APPROVED
AND
FILED

01 JAN 23 AM 8:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000012394

1. Corporation Name

PRODUCT BROKER Com INC

2. Principal Office Address

650 DOUGLAS AVE

Suite, Apt. #, etc.

SUITE 1080

City & State

ALTAMONTE SPRINGS

Zip

32714

Country

SEMINOLE

3. Mailing Office Address

650 DOUGLAS AVE Ste 1080

Suite, Apt. #, etc.

SUITE 1080

City & State

ALTAMONTE SPRINGS

Zip

32714

Country

SEMINOLE

REINSTATEMENT

00-01

4. Date Incorporated or Qualified
To Do Business in Florida

02/08/99

5. FEI Number

59-3543858

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

MICHAEL J. PROVOST

000003575760-8

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

421 SUMMIT RIDGE PLACE #210

-01/26/01--01015--013

***900.00 ***900.00

Suite, Apt. #, Etc.

APT # 210

City

LONGWOOD

State
FL

Zip Code

32779

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

Michael J. Provost
REGISTERED AGENT MUST SIGN

Date 01/23/01

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
PRES/CEO	RODNEY MAX SULLIVAN	421 SUMMIT RIDGE PLACE #210	LONGWOOD FL 32779
SECY/TRES	MICHAEL JEFFREY PROVOST	421 SUMMIT RIDGE PLACE #210	LONGWOOD FL 32779
VICED PRES	PAMELA SULLIVAN	421 SUMMIT RIDGE PLACE #210	LONGWOOD FL 32779

LS

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)(f), 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:

Michael J. Provost
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/23/01
Date

916 826-8749
Daytime Phone #

CR2E081 (9/00)