

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

923.75

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

APPROVED
AND
FILED

97 JAN 24 PM 1:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDADOCUMENT # **S46626**

1. Corporation Name

PROCOM GROUP, INC.

Principal Place of Business

Mailing Address

220 CONGRESS PARK DR.
SUITE 235
DELRAY BEACH FL 33445
US220 CONGRESS PARK DR.
SUITE 235
DELRAY BEACH FL 33445
US

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

04/16/1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0262302

Applied For

Not Applicable

City & State

City & State

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	ZEEMAN, RICHARD K.	220 CONGRESS PARK DRIVE STE 235	DELRAY BEACH FL
PST	RUGGIERI, DAVID S	220 CONGRESS PARK DRIVE	DELRAY BEACH FL
D	HARRISON, HARRY	220 CONGRESS PK DRIVE STE 235	DELRAY BCH FL
			5000002070585--6 -01/28/97--01112--003 ****923.75 ****923.75

REINSTATEMENT 96-97

A. Alan

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RUGGIERI, DAVID S.
220 CONGRESS PARK DRIVE
SUITE 235
DELRAY BEACH FL 33445

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

REGISTERED AGENT MUST SIGN

Date 1/23/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐(See other side for information
on intangible tax.)

12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID S. RUGGIERI

Date

Daytime Phone #

1/23/97 (407) 228-0105