

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **S61772**

1. Corporation Name

P.R.P. ENTERPRISES, INC.

01-OCT-19 AM 10:02

Principal Place of Business

410 AIRPORT BLVD
PENSACOLA FL 32503
US

Mailing Address

410 AIRPORT BLVD
PENSACOLA FL 32503
US



REINSTATEMENT

61

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/24/1991

5. FEI Number

59-3073963

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	MORAES, PEDRO PIMENTA	5097 HIGH POINTE DRIVE 9 WEST GAVVEZ COURT PENSACOLA BEACH, FL	PENSACOLA FL 32561

000004661120--8

-10/31/01--01053--007

***750.00 ***750.00

8. Name and Address of Current Registered Agent

FARRAR, GREG
109 N PALAFOX ST, SUITE 1
BOX 12381
PENSACOLA FL 32582

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number's Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

10-16-01

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PEDRO MORAES

10/15/01

Date

Daytime Phone #

850-484-8499

CR2040 (8/01)