

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

00 OCT 27 PM 4:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **S70060**

**1. Corporation Name**

Promocom of America, Inc.

**2. Principal Office Address**

6801 Collins Avenue

Suite, Apt. #, etc.

**3. Mailing Office Address**

6801 Collins Avenue

Suite, Apt. #, etc.

**City & State**

Miami Beach, Florida

**City & State**

Miami Beach, Florida

**Zip**

33141

**Country**

U.S.

**Zip**

33141

**Country**

U.S.

**4. Date Incorporated or Qualified  
To Do Business in Florida**

August 1, 1991

**5. FEI Number**

650291797

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**

Irving Shimoff

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

100 S.E. 2nd Street

**Suite, Apt. #, Etc.**

Suite 3920

**City**

Miami

**State**

FL

**Zip Code**

33131

**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

REGISTERED AGENT MUST SIGN

Date

10/26/00

**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
PT	Cristiane Bomeny	6801 Collins Avenue	Miami Beach, FL 33141
			300003447123--2 -11/01/00--01056--026 *****8.75 *****8.75

**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)(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

Date

10/26/00

Daytime Phone #

305-546-2000

CR2E081 (9/99)