

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **S66336**

95 JUN 29 PM 1:04

**PF1 Professional Services, Inc.**

Company Name: **PF1 Professional Services, Inc.**  
Mailing Address: **"SAME"**  
**4507 Comanche Avenue**  
**Tampa, Florida 33614**

**REINSTATEMENT 97-99**

If any of the above is incorrect in any way, line through incorrect information and enter correction below

1. Old Mailing Office Address, If Applicable NA	3. New Mailing Office Address, If Applicable NA
City & State	City & State
Zip	Zip
Country	Country

4. Date Incorporated or Qualified To Do Business in Florida 7/16/91	Applied For
5. FEI Number 59-3076635	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status

7. Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1. Name of Officers and/or Directors	2. Title	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
PD Michael L. DeLucia		4507 Comanche Avenue	Tampa, Florida 33614
SD Laura J. DeLucia		4507 Comanche Avenue	Tampa, Florida 33614

100002994321--3  
-09/22/99--01098--025  
\*\*\*1050.00 \*\*\*1050.00

8. Name and Address of Current Registered Agent  
**Daniel F. Martinez, II, Esquire**  
**1201 Swann Avenue**  
**Tampa, Florida 33606**

9. Name and Address of New Registered Agent  
Name: **Daniel F. Martinez, II, Esquire**  
Street Address (P.O. Box Number is Not Acceptable):  
**4144 N. Armenia Avenue**  
Suite, Apt. #, Etc.:  
**Suite 300**  
City: **Tampa,** State: **FL** Zip Code: **33607**

10. I, **Daniel F. Martinez, II, Esquire**, the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.  
REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes  No  (See other side for information on intangible tax)

I, **Michael L. DeLucia**, officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S., further certify that when filing this 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 and taxes the corporation has been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(ii), F.S. The information indicated on this form is true and correct and my signature shall have the same legal effect as if made under oath.

SIGNATURE: **Michael L. DeLucia** MICHAEL L. DELUCIA, PRESIDENT 8/23/99 (813)882-0770  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Telephone #)

CRP/RY (12-98)