PLEASE READ ALL INSTRUCTIONS BEFORE C ....

FILED

14 APR -9 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F12000003313

1. Corporation Name

The Payroll Source, Inc.

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
448 N Cedar Bluff Rd	448 N Cedar Bluff Rd
Suite, Apt. #, etc.: 170	Suite, Apt. #, etc.: 170
City & State: Knoxville, TN	City & State: Knoxville, TN
Zip: 37923 Country: USA	Zip: 37923 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 2/9/2011

5. FEI Number: 20-2698928 ☐ 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: Incorp Services, Inc.

Street Address (P.O. Box Number is Not Acceptable): 17888 67th Court North

Suite, Apt. #, Etc.:

City: Loxahatchee State: FL Zip Code: 33470

500258189025
04/09/14--01027--002 **150.00

500258189025
03/24/14--01037--019 **750.00

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: [signature] on behalf of Incorp Services, Inc. Date: 3/20/2014

REGISTERED AGENT MUST SIGN

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
PC	Philip E Lawrence	448 N Cedar Bluff Rd Ste 170	Knoxville, TN 37923
			APR 9 2014
			M. WILLIAMS

10. E-mail Address: ahayes.tms@gmail.com
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: [signature] PHILIP E LAWRENCE PRESIDENT 3/20/14 (865) 288-5660

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #