

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 AUG 20 PM 2:49

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***1350.00 ***1350.00

DOCUMENT # F9500000 3337

1. Corporation Name

PROFESSIONAL FACTORS, INC.

2. Principal Office Address

3507 FRONTAGE ROAD

Suite, Apt. #, etc.

SUITE 115

City & State

TAMPA FL

Zip

33607

Country

3. Mailing Office Address

P.O. Box 21702

Suite, Apt. #, etc.

City & State

TAMPA, FL

Zip

33622-1702

Country

REINSTATEMENT 97-07

4. Date Incorporated or Qualified
To Do Business In Florida

07/12/95

5. FEI Number

593329619

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

SCOTT I. ALTMAN

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

3507 FRONTAGE ROAD

Suite, Apt. #, Etc.

SUITE 115

City

TAMPA

State

FL

Zip Code

33607

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]

REGISTERED AGENT MUST SIGN

Date

8/16/01

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
P/D	CRAIG, JR., WALTER M.	1011 HIGHWAY 71	SPRING LAKE, NJ 07762
	1200.00 - Adm		
	61.25 - AR		
	88.75 - ARsupp		

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/16/01

Date

732-282-1411

Daytime Phone #

CR2001 (9/99)