

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 FEB 12 PM 4:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F960000006584**

1. Corporation Name

**PROFESSIONAL DAYMAIL
SERVICE INC**

2. Principal Office Address

1719 STEPHENS AVE

Suite, Apt. #, etc.

City & State

PANAMA CITY FL

Zip

32401

Country

BAH

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

SAME

Zip

SAME

Country

SAME

REINSTATEMENT 00-01

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

12-17-96 SP

5. FFI Number

39-3401732

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

JAMES LOCK

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

1719 STEPHENS AVE

Suite, Apt. #, Etc.

City

PANAMA CITY

State

FL

Zip Code

32401

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 **2-9-01**

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	JAMES LOCK	1719 STEPHENS AVE	PANAMA CITY FL 32401
VP	TERRY ADAMS	607 W. 11 th ST LOT E-1	PANAMA CITY FL 32401
T	TERRY ADAMS JR.	607 W. 11 th ST LOT E-1	PANAMA CITY FL 32401

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******908.75 ****908.75**

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] **JAMES LOCK**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-9-01 850-769-2208

Daytime Phone #