

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

07 MAY 30 AM 11:01 SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # F98000001952

1. Corporation Name

Profiles Plus, Inc. (f/k/a Background America of Florida)

2. Principal Office Address 1900 Church Street

3. Mailing Office Address

Suite, Apt. #, etc. Suite 400

Suite, Apt. #, etc.

City & State Nashville, TN

City & State

Zip 37203

Country USA

Zip

Country

4. Date Incorporated or Qualified To Do Business In Florida 04/06/1998

5. EIN Number 621734503

Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED SE.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street

Suite, Apt. #, Etc.

City Tallahassee

State FL Zip Code 32301

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]

Date

5/29/07

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Sabrina Perel	900 Third Avenue	New York, NY 10022
Sect	Sabrina Perel	900 Third Avenue	New York, NY 10022
VP	Michael Hellriegel	900 Third Avenue	New York, NY 10022
Tres	Michael Hellriegel	900 Third Avenue	New York, NY 10022

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., and all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in chapter 119, 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]

Sabrina Perel

5-24-07 212-593-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Display Phone #

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Florida Department of State
Division of Corporations
Public Access System

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Division of Corporations
Fax Number : (850) 205-0384

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
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CORPORATION REINSTATEMENT

PROFILES PLUS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$1,800.00

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