

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

CORPORATION

FLORIDA DEPARTMENT OF STATE

99-000BE

DOCUMENT # F08000002850

1. Corporation Name
Professional Project Services, Inc.

2. Principal Office Address
1060 Commerce Park Drive

Suite, Apt. #, etc.
Suite 400

City & State
Oak Ridge, TN

Zip
37830

Country
US

3. Mailing Office Address
410 North Cedar Bluff Road

Suite, Apt. #, etc.
Suite 102

City & State
Knoxville, TN

Zip
37923

Country
US

FILED

01 JAN -2 PM 2:03

SECRETARY OF STATE
TALLAHASSEE FLORIDA

900003532459--0
-01/11/01--01033--005
******300.00 ****300.00**

900003532459--0
-01/11/01--01033--006
*******8.75 *****8.75**

4. Date Incorporated or Qualified To Do Business in Florida
03/11/1996

5. FEI Number
62-1661329

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
Thomas D. Sabourin

Street Address (P.O. Box Number is Not Acceptable)
6501 Park of Commerce Boulevard

Suite, Apt. #, Etc.
Suite 200

City
Boca Raton

State
FL

Zip Code
33487

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

Thomas D. Sabourin

Date

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
P.C.	L. Barry Goss	Suite 400 1060 Commerce Park Drive	Oak Ridge, TN 37830
V, D	Paul W. Martin, Jr.	"	"
S	Kelley Green	"	"
D	Bill Willis	3806 Freels Road	Friendsville, TN 37739
D	Marek M. Pienkowski	Suite 101 7417 Kingston Pike	Knoxville, TN 37919
D	E. Douglas Grindstaff	6210 Belle River Drive	Brentwood, TN 37027
D	Robert T. Van Hook, Jr.	102 Weldon Lane	Oak Ridge, TN 37830

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:

Paul W. Martin, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/22/2000

Date

865-692-0904

Daytime Phone #

KE

CR2E081 (9/99)



Professional Project Services, Inc.

410 North Cedar Bluff Road, Ste. 102
Knoxville, TN 37923
(865) 692-0904
Fax: (865) 692-0906
Toll-free: 800-319-3523
www.p2s.com

December 22, 2000

Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Re: Professional Project Services, Inc.; FEI Number 62-1661329

Dear Sirs:

We have inadvertently discovered that our corporation was revoked in the state of Florida in 1999 as a result of the non-filing of our Annual Report. Due to the fact that no notices were received by our company prior to the revocation, we hereby request that reinstatement late fees be waived.

Enclosed are the completed Corporation Reinstatement Form and a check in the amount of \$300 for 1999 and 2000 Filing Fees.

Thank you for your consideration in this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Paul W. Martin, Jr.", written in a cursive style.

Paul W. Martin, Jr.
Executive Vice President

Enclosures