

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# G20336

**FILED**  
**Oct 27, 2008**  
**Secretary of State**

**Entity Name:** PROFESSIONAL COMMUNICATION SERVICES, INC.

**Current Principal Place of Business:**

1294 PALMETTO AVENUE  
WINTER PARK, FL 32789 US

**New Principal Place of Business:**

1401-A EDGEWATER DRIVE  
ORLANDO, FL 32804 US

**Current Mailing Address:**

1294 PALMETTO AVENUE  
WINTER PARK, FL 32789 US

**New Mailing Address:**

1401-A EDGEWATER DRIVE  
ORLANDO, FL 32804 US

FEI Number: 59-2257630

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TIMOTHY P. KOWALSKI  
1294 PALMETTO AVE  
WINTER PARK, FL 32789 US

**Name and Address of New Registered Agent:**

TIMOTHY P. KOWALSKI  
1401- A EDGEWATER DRIVE  
ORLANDO, FL 32804 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: TIMOTHY P. KOWALSKI

10/27/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PS ( ) Delete  
Name: KOWALSKI, TIMOTHY P,  
Address: 416 SHERIDIAN BV  
City-St-Zip: ORLANDO, FL

Title: VPT ( ) Delete  
Name: KOWALSKI, GWEN L.,  
Address: 416 SHERIDAN BV  
City-St-Zip: ORLANDO, FL

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PS (X) Change ( ) Addition  
Name: KOWALSKI, TIMOTHY P,  
Address: 416 SHERIDIAN BV  
City-St-Zip: ORLANDO, FL 32804

Title: VP (X) Change ( ) Addition  
Name: KOWALSKI, GWEN L.,  
Address: 416 SHERIDAN BV  
City-St-Zip: ORLANDO, FL 32804

Title: T ( ) Change (X) Addition  
Name: KOWALSKI, LAURA S  
Address: 416 SHERIDAN BLVD.  
City-St-Zip: ORLANDO, FL 32804

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY P. KOWALSKI

PS

10/27/2008

Electronic Signature of Signing Officer or Director

Date