

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAY -5 AM 8:04

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # K31279

1. Corporation Name

Professional Fee Planners, Inc.

2. Principal Office Address

7374 Water Dance Way

Suite, Apt. #, etc.

City & State

Lake Worth

Zip

33467

Country

USA

3. Mailing Office Address

7374 Water Dance Way

Suite, Apt. #, etc.

City & State

Lake Worth

Zip

33467

Country

USA

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

08/18/1988

5. FEI Number

65-0068034

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 A. Multack

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

7374 Water Dance Way

Suite, Apt. #, Etc.

City

Lake Worth

State
FL

Zip Code
33467

400018941594

05/14/03--01051--026 **800.00

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

James A. Multack
REGISTERED AGENT MUST SIGN

Date 04-24-2003

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 A. Multack	7374 Water Dance Way	Lake Worth/FL/33467
VP	David Harris	10281 SW 124th Street	Miami/FL/33176

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:

James A. Multack

James A. Multack

04/24/03

561 433-5878

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

21 5/8