

1062

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

05 SEP 15 PM 1:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

900059786079  
09/20/05--01040--008 \*\*250.00

CR2E041 (8/05)

DOCUMENT # L00000004687

1. Limited Liability Company's Name

PROFESSIONAL SERVICE CENTER  
LLC

2. Principal Office Address

1180 COPPER CREEK DR.

Suite, Apt. #, etc.

City & State

TALLAHASSEE

Zip

FL

Country

USA

3. Mailing Office Address

1180 COPPER CREEK DR.

Suite, Apt. #, etc.

City & State

TALLAHASSEE

Zip

32311

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

04/28/2000

6. FEI Number

Applied For

☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

**8. Name and Address of Current Registered Agent**

Name

HAROLD OKWUASABA

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

1180 COPPER CREEK DRIVE

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32311

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of

Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

**10. Names and Street Addresses of Managing Members/Managers**

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Manager	HAROLD N. OKWUASABA	1180 COPPER CREEK DR.	TALLAHASSEE, FL 32311
Asst. Manager	MICHAEL S. OLAOGUN	1180 COPPER CREEK DR.	TALLAHASSEE, FL 32311

**REINSTATEMENT** 02-05

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of

Managing Member/Manager

*[Signature]*

Date

9/15/2005

Daytime Phone #

850-443-0288

Typed or printed name of signing Managing Member/Manager

HAROLD OKWUASABA

2062 9/15/2005  
TO WHOM IT MAY CONCERN

I attest that I did not receive a notification regarding filing an annual report. I was notified 9/15/2005 that an annual report is a requirement for my company, Professional Service Center LLC.

Sincerely

Harold Okwuasaba

President / CEO Administration