


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. | | 3. Mailing Office Address 1180 COPPER CREEK DR. | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State TALLAHASSEE | | City & State TALLAHASSEE | |
| Zip FL | Country USA | 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 <input checked="" type="checkbox"/> Not Applicable |
| 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status | |

8. Name and Address of Current Registered Agent

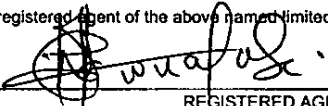
Name **HAROLD OKWUASABA**

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  Date _____

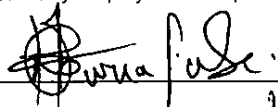
REGISTERED AGENT MUST SIGN

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  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