

APPLICATION
FORFLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 OCT 23 PM 1:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L35837

1. Corporation Name

PROFESSIONAL MANAGEMENT SERVICE, INC.

Principal Place of Business

Mailing Address

% BETTY MATARANGOLO
9300 S DADELAND BLVD SUITE 206
MIAMI FL 33156% BETTY MATARANGOLO
9300 S DADELAND BLVD SUITE 206
MIAMI FL 33156

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

12/11/1989

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0160993

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	MATARANGOLO, BETTY	9300 S DADELAND BLVD 206	MIAMI FL

600003457986--6
11/09/00 01012-009
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MATARANGOLO, BETTY
9300 S DADELAND BLVD SUITE 206
MIAMI FL 33156

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

11. 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 on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Betty Matarangolo

Date

Daytime Phone #

10/16/00 305-670-701

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9300 S. Dadeland Boulevard, Suite 206 • Miami, Florida 33156
Telephone: (305) 666-7894 • Fax: (305) 670-2291

October 16, 2000

FLORIDA DEPARTMENT OF STATE
Division of Corporations
P. O. Box 6327
Tallahassee, Fl. 32314

RE: Corporation Report 2000
Document L35837

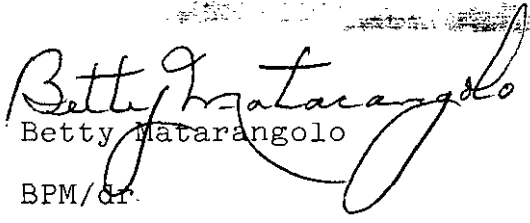
Dear Sir or Madam:

Please be advised that the corporation report "2000" was not received at my office.

Enclosed please find signed document along with payment owed for \$150.00.

I am truly sorry for any inconvenience this may have caused and should anything else be needed, please feel free to contact me at (305) 670-7894.

Respectfully yours,


Betty Matarangolo
BPM/dr.

Encl.