

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N01000006970

1. Corporation Name

Peer Link Support Services, Inc.

W08-51540

2. Principal Office Address - No P.O. Box #

7280 SW 164 Terr

Suite, Apt. #, etc.

City & State

Palmetto Bay, FL

Zip

33157

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/2/2001

5. FEI Number

65-1147515

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

David Krochmal

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

7280 SW 164 Terr

Suite, Apt. #, Etc.

City

Palmetto Bay, FL

State

FL

Zip Code

33157

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

[Signature]

Date

11/21/08

REGISTERED AGENT MUST SIGN

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	David Krochmal	7280 SW 164 Terr	Palmetto Bay FL 33157
V	Cecilia Abanto Krochmal	12732 SW 68 Lane	Miami, FL 33183
S	Phet Mynoi Phanitdasack	7280 SW 164 Terr	Palmetto Bay, FL 33157
T	Guadalupe Miller	10053 SW 163 Ct.	Miami, FL 33196
		<i>[Signature]</i>	

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 contained in Chapter 119, 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:

David Krochmal *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/21/08

Daytime Phone #

786-229-7990

FILED

08 NOV 24 PM 4:09

STATE
117 E. STATE, FLORIDA

800138230448

11/24/08--01030--023 **551.25

REINSTATEMENT 03-08

CR2E081 (10/08)