PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE APPROVED Katherine Harris cretary of State VISION OF CORPORATIONS 00 OCT 26 PM 3:59 P00000001553 DOCUMENT # 1. Corporation Name SECRETARY OF STATE TALLAHASSEE, FLORIDA PROFESSIONAL RESEARCH AND INSTRUCTIONAL SERVICE S, INC. Principal Place of Business Mailing Address 210 COLLEGE AVENUE 210 COLLEGE AVENUE **DEFUNIAK SPRINGS FL 32433 DEFUNIAK SPRINGS FL 32433** 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 Date Incorporated or Qualified
 To Do Business in Florida 12/30/1999 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For City & State City & State Not Applicable Zip Country Zip Country 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director City / State / Zip Title(s) 210 COLLEGE AVENUE **DEFUNIAK SPRINGS FL 32433** D TORREY, MARGARET <del>400003465034-</del> -11/15/00--01108--011 \*\*\*\*158.88 \*\*\*\*158.88 8. Name and Address of Current Registered Agent 9. Name and Address of New Rec Name DAVIS, MARK D Street Address (P.O. Box Number is Not Acceptable) 694 BALDWIN AVE., SUITE 1 Suite, Apt. #, Etc. DEFUNIAK SPRINGS FL 32433 State | Zip Code City with and accept the obligations of Segtion 607.0505, F.S. 10. I, being appointed the registered agent of the above named corporation, Signature of Registered Agent

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

SIGNATURE:

MAGACITURE EQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

10/24/00 850-892-910 Daytime Phone #

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## PRIS, INC

## **Professional Research and Instructional Services**

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peggytorrey@digitalexp.com

## **MEMO**

DATE:

October 24, 2000

TO:

Florida Department of State

FROM:

Margaret Torrey Margaret Torrey

RE:

Administrative Dissolution of Corporation

I received the notice of administrative dissolution from your Department last Friday, Oct. 27, 2000. To my knowledge this is the first communication I have had with the Department about the annual report/uniform business report. I called 850-487-6059, the number indicated for assistance, and was told that two notices, one in January of this year and one in June of this year had been sent to the same address and had not been returned. Clearly, that is what your records show. All I can tell you is that this is my first year in business and anything that looks remotely "official" goes immediately into a folder upon receipt to go to either my lawyer or accountant. I have checked with both of them and they do not recall having received the form from me. I have searched my records here at the office and, again, have no record of the form or either notice.

The individual with whom I spoke by phone suggested I send you this letter requesting a one-time exemption from the penalty. I can plead only ignorance and request your consideration. The report will not be late again. Thank you for your attention to this matter.