

2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED

1072

DOCUMENT # P00000011891

1. Entity Name
PROFESSIONAL FIRST ASSISTANTS, PRN, INC.



04 NOV 10 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 04



Principal Place of Business
16 MIRROR LAKE DRIVE
ORMOND BEACH, FL 32174

Mailing Address
16 MIRROR LAKE DRIVE
ORMOND BEACH, FL 32174

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11022004 REIN-P CR2E098 (6/04)

4. FEI Number
59-3629373

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COLE-DEFREITAS, SHELIA
16 MIRROR LAKE DRIVE
ORMOND BEACH, FL 32174

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Sheila De Freitas

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

11/08/04

DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2005, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE VPD
NAME DEFREITAS-CLARK, CHRYSTAL
STREET ADDRESS 6090 JASMINE VINE DR.
CITY-ST-ZIP PORT ORANGE, FL 32124 ☐ Delete

TITLE STD
NAME DEFREITAS, BRETT ALAN
STREET ADDRESS 380 BOAZ CEMETARY RD.
CITY-ST-ZIP BOAZ, KY 42027 ☐ Delete

TITLE PD
NAME COLE-DEFREITAS, SHELIA
STREET ADDRESS 16 MIRROR LAKE DRIVE
CITY-ST-ZIP ORMOND BEACH, FL 32174 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
100042631651
11/10/04--01025--012 **150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Sheila De Freitas Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/08/04

Date

386 676-9014

Daytime Phone #

10/26/04

2072

TO WHOM IT CONCERNS :

I WENT ON LINE IN MAY 2004 , HOWEVER I MUST HAVE NOT DONE SOMETHING
CORRECT. I WOULD LIKE TO BE REINSTATED WITH THE FEES WAIVED PLEASE.

YOU WILL FIND A CHECK FOR THE \$150.00 FEE DUE .

THANK-YOU SO MUCH ,

SHEILA DEFREITAS, CRNFA
PROFESSIONAL FIRST ASSISTANTS, PRN, INC.
386-676-9014

Sheila Defreitas

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TALLAHASSEE, FLORIDA

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