PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
04 JAN 07 PM 4:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000027714

1. Corporation Name
Profit Accounting Inc.

REINSTATEMENT 03-04

2. Principal Office Address	3. Mailing Office Address
225 N.E. Hizner Blvd. #300	225 N.E. Hizner Blvd. #300
Suite, Apt. #, etc. Suite 300	Suite, Apt. #, etc. Suite 300
City & State Boca Raton Florida	City & State Boca Raton Florida
Zip 33432 Country U.S.	Zip 33432 Country U.S.

4. Date Incorporated or Qualified To Do Business in Florida: March 13, 2000

5. FEI Number: 65-0995273 — Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☐ $6.25 Additional Fee Required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Robert E. Clark
000027528220
01/26/04--01005--020 **150.00

Street Address (P.O. Box Number is Not Acceptable): 661 S.W. 4th St.
000027528220
01/26/04--01005--021 **13.50

Suite, Apt. #, Etc.

City: Boca Raton | State: FL | Zip Code: 33486

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: X Robert E Clark — Date: 1-5-04
REGISTERED AGENT MUST SIGN

CR2E031 (10/02)

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Robert E. Clark	661 SW 4th St.	Boca Raton Fl. 33486
		000027528220 01/26/04--01005--022 **130.50	

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 under section 119.07(3)(i), 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: X Robert E Clark — 1-5-04 — 561-271-2764
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

661 SW 4th street
Boca Raton, Florida 33486
561-305-0091

Profit Accounting Inc.

Florida Department of State
P.O.Box 6327
Tallahassee, FL 32314
Reference: Corporation Reinstatement

To Whom It May Concern: Enclosed you will find a reinstatement form along with the annual fee of $150.00 to keep the corporation active. We never received the UBR report for last year. If we had, the report would have been submitted. Please note the correct address and please make sure we receive this year's report. I thank you for you assistance with this matter. Should you have any questions please feel free to contact me directly at 561-271-2764.

2003

Sincerely,

Robert E. Clark