


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000041280 1. Entity Name PROFESSIONAL TRANSLATIONS - TRADUCCIONES PROFESIONALES, INC.						FILED 07 OCT 17 PM 12:27 CLERK OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 15621 SW 16 CT. PEMBROKE PINES, FL 33027				Mailing Address 15621 SW 16 CT. PEMBROKE PINES, FL 33027			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent ROBITSCHKEK, DANIEL 15621 SW 16 CT. PEMBROKE PINES, FL 33027				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
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.				4. FEI Number 65-1024452			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE _____			
FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
PSTD ROBITSCHKEK, DANIEL 15621 SW 16 CT. PEMBROKE PINES, FL 33027				400110905174 10/17/07--01058--007 **150.00			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: 10/5/07			
Daytime Phone #: 954-557-4782				Daytime Phone #:			