

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 25 AM 10:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000093862

1. Corporation Name

PROFESSIONAL ASSET MANAGEMENT, INC.

Principal Place of Business

~~266 KATHERINE BLVD #7112~~
~~PALM HARBOR FL 34084-5014~~

Mailing Address

~~266 KATHERINE BLVD #7112~~
~~PALM HARBOR FL 34084-5014~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

201 WESTMINSTER BLVD

Suite, Apt. #, etc.

City & State
OLDSMAR FL

Zip 34677 Country USA

3. New Mailing Office Address, If Applicable

201 WESTMINSTER BLVD

Suite, Apt. #, etc.

City & State
OLDSMAR FL

Zip 34677 Country USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/04/2000

5. FEI Number

59-3671299

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
CCS	MCCOOK, TERRY L	266 KATHERINE BOULEVARD #7112 201 WESTMINSTER BLVD	PALM HARBOR FL 34084 OLDSMAR, FL 34677
VP	MCCOOK, EILEEN H	266 KATHERINE BOULEVARD #7112 201 WESTMINSTER BLVD	PALM HARBOR FL 34084 OLDSMAR, FL 34677

000005214780
11/26/02--01006--008 **750.00

8. Name and Address of Current Registered Agent

MCCOOK, TERRY L
~~266 KATHERINE BLVD #7112~~
~~PALM HARBOR FL 34084-5014~~

9. Name and Address of New Registered Agent

Name

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

201 WESTMINSTER BLVD.

Suite, Apt. #, Etc.

City

OLDSMAR

State

FL

Zip Code

34677

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Terry L McCook
REGISTERED AGENT MUST SIGN

Date

11/19/02

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 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:

Terry L McCook
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/19/02

Daytime Phone #

727-641-4437

CR2E040 (802)