

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JUL 19 AM 1:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # ~~P00000103079~~

1. Corporation Name

P00000107079

Professional Publishing Services Inc

400106417994
07/19/07--01060--008 **750.00

2. Principal Office Address - No P.O. Box #

2700 Ponce de Leon Blvd

3. Mailing Office Address

2700 Ponce de Leon Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Coral Gables, FL

City & State

Coral Gables, FL

Zip

33134

Country

ISA

Zip

33134

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/14/00

5. FI Number
742979006

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Pablo Rene Ruiz

Street Address (P.O. Box Number is Not Acceptable)
2700 Ponce de Leon Blvd.

Suite, Apt. #, Etc.

City
Coral Gables

State
FL

Zip Code
33134

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Date

7/14/07

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PVST	Pablo Rene Ruiz	2700 Ponce de Leon.	Coral Gables, FL 33134

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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pablo Rene Ruiz,
President

Date

7/14/07

Daytime Phone #

305-445-2352

20fz

Professional Publishing Services Inc.
2700 Ponce de Leon Blvd.
Coral Gables, FL 33134
786-210-4223

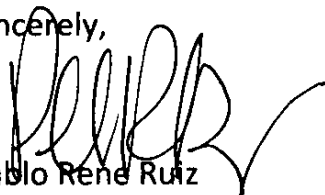
July 14, 2007

RE: P00000108079

Dear Sir or Madam:

Enclosed is the necessary paperwork to reinstate Professional Publishing Services Inc. as well as a check for \$750.00. I was told that since the re-filing came back to you returned that I did not need to pay for that, but needed to pay for all the annual reports that were not filed from the date of dissolution through today. Please contact my assistant Brad at 305-445-2352 if you need any further assistance or have any questions.

Sincerely,



Pablo Rene Ruiz