

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 APR 30 PM 2:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000039140

1. Corporation Name

Certified Process Service, Inc.

2. Principal Office Address

6901 SW 5th Court

Suite, Apt. #, etc.

City & State

Pembroke Pines, FL

Zip

33023

Country

USA

3. Mailing Office Address

6901 SW 5th Court

Suite, Apt. #, etc.

City & State

Pembroke Pines, FL

Zip

33023

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

04/18/2001

5. FEI Number

65-1098054

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

Albert J. Xiques, Esq.

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

101 Madeira Avenue

Suite, Apt. #, Etc.

City

Coral Gables

State

FL

Zip Code

33134

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

REGISTERED AGENT MUST SIGN

Date 04/29/2003

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
PSD	John H. Traxler	6901 SW 5th Court	Pembroke Pines, FL 33023
AS	Albert J. Xiques, Esq.	101 Madeira Avenue	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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/03

305 728 2290

CR2E081 (10/02)

RODRIGUEZ & MACHADO, P.A.

ATTORNEYS AND COUNSELORS

101 MADEIRA AVENUE
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HILDA PILOTO

TELEPHONE (305) 377-1000
TELEFAX (305) 377-1055

Department of State
Division of Corporations
Reinstatement Section
409 East Gaines Street
Tallahassee, FL 32399

Re: Certified Process Service, Inc.
P01000039140

Dear Sirs:

The undersigned are counsel for Certified Process Service, Inc. and our firm's old address was listed as the mailing address of the corporation (1000 Brickell Avenue, Suite 660, Miami, FL 33131). When the client realized the deadline for renewal of corporations was coming due, he contacted us to determine the location of the annual UBR Report. We researched the matter internally and realized we had never received a UBR form for this corporation or a second notice. When we researched the matter with an online search, we noted that the corporation had been dissolved for failure to file an annual report last year. We keep a log of such reports and no 2002 UBR was ever received by our office. The matter was further complicated by the fact that our firm moved last year, and in our experience some of our mail got misdirected in the forwarding process. Therefore, this is to request that the Department waive the late fees and file the attached Reinstatement. To cover the cost of this year's and last year's fees (as well as the cost of a certificate of status), enclosed is a check for \$308.75

Should you have any questions please do not hesitate to contact me,

A handwritten signature in dark ink, consisting of a series of loops and a long horizontal stroke extending to the right.

Albert J. Xiques, Esq.