


182

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P01 000121017					
1. Corporation Name Processource, Inc.					
2. Principal Office Address 3750 Gunn Hwy		3. Mailing Office Address 3750 Gunn Hwy			
Suite, Apt. #, etc. #1C		Suite, Apt. #, etc. #1C			
City & State Tampa, FL		City & State Tampa, FL			
Zip 33624	Country US	Zip 33624	Country US		
		4. Date Incorporated or Qualified To Do Business in Florida 12/21/01		5. PEI Number 223850259	
				Applied For <input type="checkbox"/> Not Applicable	
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		88.75 additional Fee requires for a Certificate of Status	
REINSTATEMENT <i>03-04</i>					
7. Name and Address of Current Registered Agent					
Name R. REID HANEY					
Street Address (P.O. Box Number is Not Acceptable) 101 E. KENNEDY BLVD.					
Suite, Apt. #, Etc. #4100					
City TAMPA			State FL	Zip Code 33602	
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 <i>R. Reid Haney</i>				Date 7/15/04	
REGISTERED AGENT MUST SIGN					
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	
P	Brandon Spurlin	3750 Gunn Hwy, #1C		Tampa, FL 33624	
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)(b), F.S. The information indicated on this application is true and accurate, and my signature has the same legal effect as if made under oath.					
SIGNATURE: <i>Heather Simmons</i>		Heather Simmons		Date 7/15/04 Daytime Phone # 8132228700	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

292

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H04000146806 3))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)205-0384

From:

Account Name : WARD, ROVELL & VAN EESPOEL, P.A.
Account Number : 076245002115
Phone : (813)222-8730
Fax Number : (813)222-8701

CORPORATION REINSTATEMENT

PROCESSOURCE, INC.

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$908.75

Electronic Filing Menu

Corporate Filing

Public Access Help