

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JUL 31 PM 4:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000006004

1. Corporation Name Paralegal Solutions, Inc.

REINSTATEMENT 04-06

2. Principal Office Address

8320 NW 47 Street

Suite, Apt. #, etc.

3. Mailing Office Address

8320 NW 47 Street

Suite, Apt. #, etc.

City & State

Lauderhill, FL

City & State

Lauderhill, FL

Zip

33351

Country

USA

Zip

33351

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1/17/2002

5. FEI Number

043591533

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

Rachel Kirkland

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

8320 NW 47 Street

Suite, Apt. #, Etc.

City

Lauderhill

State

FL

Zip Code

33351

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

Rachel Kirkland

REGISTERED AGENT MUST SIGN

Date 7/25/06

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
<u>P</u>	<u>Rachel Kirkland</u>	<u>8320 NW 47 Street</u>	<u>Lauderhill, FL 33351</u>
<u>V</u>	<u>Keith Kirkland</u>	<u>8320 NW 47 Street</u>	<u>Lauderhill, FL 33351</u>

800078730478
09/15/06--01043--012 **458.75

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:

Rachel Kirkland

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/25/06

Date

954-7497168

Daytime Phone #

292
FROM THE DESK OF.....
Rachel Kirkland

July 28, 2006

Florida Dept. Of State
Division of Corporations
Attn: Reinstatement Dept.
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Paralegal Solutions, Inc.
Document No. P02000006004

Dear Sir or Madam:

It has come to my attention that the our corporate name has been made inactive due to lack of filing of Annual Report. Please allow this letter to explain that we did not receive annual report notices for the year 2004 or subsequent years. We believe that any notifications sent to Paralegal Solutions by your office may not have been delivered due to an inaccurate address. Your records show that the address has Suite #103. However, there is no suite number in our address. This was a part of a former address, which we changed with the Department in 2003.

We are writing this letter to you as a request of the waiver of the \$600 reinstatement fee, due to not receiving the annual report notices.

Enclosed please find our check in the amount of \$458.75, which is payment of \$150 for years 2004, 2005 and 2006 plus \$8.75 for a Certificate of Status.

Please reinstate the corporation status to active and provide us with an active Certificate of Status as soon as possible.

Thank you for your assistance. Should you have any questions or concerns, please contact me at 954-7749-7168.

Thank you.

Sincerely,


Rachel M. Kirkland