

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS**

**DOCUMENT #**

1. Corporation Name

PRODUCT RESOURCE SOLUTIONS, INC.

(Document Number P02000012244)

2. Principal Office Address  
1820 S. Pinellas Ave.

Suite, Apt. #, etc.  
Ste # 116

City & State  
-Tarpon Springs, FL

Zip  
34689

3. Mailing Office Address  
1820 S. Pinellas Ave.

Suite, Apt. #, etc.  
Ste # 116

City & State  
Tarpon Springs, FL

Zip  
34689

Country  
USA

**REINSTATEMENT** 03-09

900032274609  
04/09/04--01056--001 \*\*300.00

4. Date Incorporated or Qualified  
To Do Business in Florida  
02/04/2002

5. FEI Number  
01-0636969  
 Applied For  
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$0.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
Nicholas D. Tsolakakis

Street Address (P.O. Box Number is Not Acceptable)  
1820 S. Pinellas Ave.

Suite, Apt. #, Etc.  
Ste # 116

City  
Tarpon Springs

State  
**FL** Zip Code  
**34689**

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  
**04/01/2004**

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
CEO/P	Nicholas D. Tsolakakis	1820 S. Pinellas Ave # 116	Tarpon Springs, FL 34689
V.P.	Andria B. Tsolakakis	1820 S. Pinellas Ave # 116	Tarpon Springs, FL 34689

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:** NICHOLAS D. TSOLAKAKIS **Date:** 04/01/2004 **Daytime Phone #:** 727-937-9400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2001 (07/04)



Product Resource Solutions, Inc.

Product Resource Solutions, Inc.

1820 S. Pinellas Ave.  
Suite # 116

Tarpon Springs, FL. 34689  
t: 727-937-9400 f: 727-937-9451

To: Florida Department of State  
Division of Corporations

As per our conversation over the telephone, please find enclosed a Corporation  
Reinstatement Form we were advised to submit together with payment both for  
last year (2003) and this year (2004).

Two years ago, our company, Product Resource Solutions, Inc., was moved to a new  
location and one of our immediate first goals then, was to notify all government and  
local agencies of the address change.

When our CPA contacted us this week in regards to payment before May 1<sup>st</sup> for our  
Annual Report, we were notified that our company status was inactive, (Doc No.  
P02000012244).

We checked to verify status on your official website and realized that you were  
still showing the old address from two years ago. Apparently we never received any  
of your correspondence over this entire time period and it has therefore been  
impossible of us to know when certain payments were due.

Please ensure proper and prompt process of our form so the company status may be  
brought back to active. In addition, please be advised to update our file with the  
correct address:

Product Resource Solutions, Inc.  
1820 S. Pinellas Ave.  
Suite # 116  
Tarpon Springs, FL. 34689

Thank you,

Nick D. Tsolakakis  
CEO  
PRS, Inc.