

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

*ppp/lt*

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 JUN 14 PM 2:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Corporation Name

P02000078304

Professional Staffing Services, Inc.

2. Principal Office Address

1890 Semoran Blvd.

3. Mailing Office Address

1890 Semoran Blvd.

Suite, Apt. #, etc.

Suite 361

Suite, Apt. #, etc.

Suite 361

City & State

Winter Park, FL

City & State

Winter Park, FL

Zip

32792

Country

United States

Zip

32792

Country

United States

4. Date Incorporated or Qualified  
To Do Business in Florida

8/1/2002

5. FEI Number

113645215

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

Michael Schwartz

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

1095 Shadowmoss Circle

Suite, Apt. #, Etc.

City

Lake Mary

State

FL

Zip Code

32746

000056126010  
06/14/05--01011--002 \*\$300.00

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

*Michael Schwartz*

Date 6-9-05

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
P	Michael Schwartz	1095 Shadowmoss Circle	Lake Mary, FL 32746
V	Ari Wolf	605 Buckingham Drive	Oviedo, FL 32765

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)(f), 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

*Michael Schwartz*

Michael Schwartz

6-9-05

407-539-0313

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/05)



*payroll*

June 9, 2005

Department of State  
Division of Corporations

To Whom it May Concern,

I recently went to Sunbiz.org site and found out that my Florida corporation had an inactive status. I called Tallahassee and I was told till fill out a Corporate Reinstatement form and mail a check for \$300.00 and I was going to be assessed a \$600.00 penalty. I explained to the representative that our City and Zip code were changed from our original filling from Winter park, FL 32792 to Lake Mary, FL 32795 and I was not sure why our how. She checked and said there must have been a mistake on your part since we never sent in any documentation to make this change and she said with this explanation the \$600.00 penalty would be waived. Please notify me once you receive this that the correction was made back to the original address and that the fee is being waived. If additional paperwork is needed please notify me of this as well.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael Schwartz", is written over a series of horizontal lines.

Michael Schwartz  
President  
407-539-0313