


2004 FOR PROFIT CORPORATION REINSTATEMENT

1 of 2

DOCUMENT # P03000157407		
1. Entity Name PROFESSIONAL HOTEL SERVICES, INC.		

FILED
04 NOV 18 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 2796 W COVINGTON DR DELTONA, FL 32738	Mailing Address 2796 W COVINGTON DR DELTONA, FL 32738
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2. Principal Place of Business 3273 Littlefield St.	3. Mailing Address 3273 Littlefield St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Deltona, FL 32738	City & State Deltona, FL 32738
Zip 32738	Country USA
Zip 32738	Country USA



11162004 REIN-P CR2E098 (6/04) *al*

REINSTATEMENT	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ONYSKIN, GARY S 2796 W COVINGTON DR DELTONA, FL 32738		7. Name and Address of New Registered Agent Name GLENN A. MARTIN Street Address (P.O. Box Number is Not Acceptable) 3273 Littlefield St. City Deltona FL Zip Code 32738	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Glenn A. Martin* Glenn A. Martin 11-16-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Glenn A. Martin 3273 Littlefield St. Deltona, FL 32738 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500043095275 12/01/04--01016--008 **\$150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Linda Mulroney 635 Moss Point Cove Ct. DeBary, FL 32713 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Glenn A. Martin 3273 Littlefield St. Deltona, FL 32738 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Glenn A. Martin 3273 Littlefield St. Deltona, FL 32738 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other the empowered.

SIGNATURE *Glenn A. Martin* PRES. 11-16-04 3216891925
Signature and typed or printed name of signing officer or director Date Daytime Phone #

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John B. Crowther

ATTORNEY AT LAW
279 EAST GRAVES AVENUE
ORANGE CITY, FLORIDA 32763
TEL. (386) 775-6179
FAX (386) 775-7908

November 16, 2004

Secretary of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Re: 2004 For Profit Corporation Reinstatement (Professional Hotel Services, Inc.).

Ladies/Gentlemen:

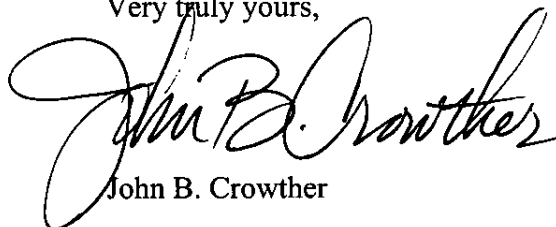
Enclosed please find the original copy of the 2004 For Profit Corporation Reinstatement. Also enclosed please find my office check in the amount of \$150.00 representing your reinstatement fee.

It would be most appreciated if you would file this reinstatement as soon as possible.

The corporation did not receive prior notice as they had changed their mailing address to a post office box, and prior notice was apparently mailed to the physical address where it was not delivered/received.

Thanking you, and should you have any questions please do not hesitate to contact me.

Very truly yours,



John B. Crowther

JBC:
Encl:as