

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000104502

1. Entity Name  
P.M.P. MANAGEMENT SERVICES, INC.



FILED

07 DEC -7 PM 4:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
2943 SW WILLISTON RD  
GAINESVILLE, FL 32608

Mailing Address  
2943 SW WILLISTON RD  
GAINESVILLE, FL 32608

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT 2007  
10182007 REINSTATEMENT CR2E098 (1/07)

4. FEI Number  
20-1438680

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HILL, WILLIAM V  
2943 SW WILLISTON RD  
GAINESVILLE, FL 32608

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$750.00  
After January 1, 2008, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
HILL, WILLIAM V  
2943 SW WILLISTON RD  
GAINESVILLE, FL 3608 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
100112179071  
11/09/07--01054--010 \*\*150.00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CEO  
HILL, MARY ELLEN  
2943 SW WILLISTON RD  
GAINESVILLE, FL 32608 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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CITY-ST-ZIP  
☐ Change ☐ Addition

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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 like empowered.

SIGNATURE:

*William V Hill*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-08-07 352 378-1501  
Date Daytime Phone #

6.3  
202

P.M.P. MANAGEMENT SERVICES, INC  
2943 SW WILLISTON RD  
GAINESVILLE, FL 32608

DECEMBER 04, 2007

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
PO BOX 6327  
TALLAHASSEE, FL 32314

RE: REF NUMBER P04000104502  
LETTER 207A00065700

MR DUNLAP,

THANK YOU FOR YOUR HELP WITH THIS. WE DID NOT RECEIVE THE  
ANNUAL REPORTS TO FILE. PLEASE CALL ME 352 378-1501.

SINCERELY,

  
WILLIAM V HILL