


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b> <i>2010 AR</i>		 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>		<b>FILED</b> <b>10 AUG 16 AM 8:33</b>	
<b>DOCUMENT # PO5000114840</b>					
1. Corporation Name <b>Personalized Management &amp; Services Inc</b> <i>Property and</i>					
2. Principal Office Address - No P.O. Box # <b>3190 TOHOPEKALIGA DR</b>			3. Mailing Office Address <b>3190 TOHOPEKALIGA DR</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <b>ST. CLOUD</b>			City & State		
Zip <b>34772</b>	Country <b>USA</b>	Zip <b>23772</b>	Country <b>ST. CLOUD</b>		
4. Date Incorporated or Qualified To Do Business in Florida <b>08/16/05</b>			CR2E081 (6/10)		
5. FEI Number <b>20-3309716</b>			<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>			\$8.75 Additional Fee required for a Certificate of Status		
7. Name and Address of Current Registered Agent				<b>800184380958</b> <b>08/16/10--01004--023 **500.00</b>	
Name <b>JAYNE WHITE</b>					
Street Address (P.O. Box Number is Not Acceptable) <b>3190 TOHOPEKALIGA</b>					
Suite, Apt. #, Etc.					
City <b>ST. CLOUD</b>		State <b>FL</b>	Zip Code <b>34772</b>		
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 <u><i>Jayne White</i></u> <b>REGISTERED AGENT MUST SIGN</b> Date <b>August 19th 2010</b>					
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	
<b>P</b>	<b>JAYNE WHITE</b>	<b>3190 TOHOPEKALIGA DR</b>		<b>ST. CLOUD FL 34772</b>	
10. E-mail Address: <b>ppms@comcast.net</b> <small>(To be used for future annual report notification)</small>					
11. 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. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.					
<b>SIGNATURE:</b> <u><i>Jayne White</i></u>		<b>August 12th 2010</b>		<b>407-957-4988</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	