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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUN 23 PM 3:18

DOCUMENT # **205000136361**

1. Corporation Name

Fs Professional Services, Inc

300131630403
06/24/08--01034--019 **450.00

CR2E081 (12/07)

2. Principal Office Address - No P.O. Box #
11133 Model Circle
Suite, Apt. #, etc.

3. Mailing Office Address
11133 Model Circle
Suite, Apt. #, etc.

City & State
Boca Raton, FL
Zip Country
33428 USA

City & State
Boca Raton FL
Zip Country
33428 USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
0-3589610

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
Fabio Silva
Street Address (P.O. Box Number is Not Acceptable)
11133 Model Circle E
Suite, Apt. #, Etc.
City State Zip Code
Boca Raton FL 33428

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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 **03.07.08**
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	Fabio Silva	11133 Model Circle	Boca Raton, FL 33428

B 6/23/08

REINSTATEMENT 06-08

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 contained in Chapter 119, 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: **03.07.08 (561) 487-0236**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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Duerfield Beach, Fl February 18, 2008

FLORIDA DEPARTMENT OF STATE
REINSTATEMENT DEPARTMENT
DIVISION OF CORPORATIONS
P.O. BOX 6180
TALLAHASSEE - FL - 32314

To Whom It May Concern:

I would like to inform you that I have a Profit Corporation by the following name:

FS PROFESSIONAL SERVICES, INC.
Doc. # P05000136361

I have not received the Annual Business Report 2006, 2007 and also for 2008 first notice to renew our corporation's name.

I come before this honorable Department asking to waive this penalty once we did not received the first notice and I did not know that was supposed to be renewing annually.

Was not our intention to be late with the Department State of Florida, which I honor and respect the laws and regulations.

Please accept the update form 2006, 2007 and 2008 Annual Business Report along with one check of \$ 450,00 to pay the both fees.

Thank you for your cooperation and concern, and if you have any question or concern regarding this matter, do not hesitate to contact me.

Sincerely,



FABIO SILVA
President