PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
14 JAN -2 AM 9:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E081 (11/10)

DOCUMENT # P06000157693

1. Corporation Name

Professional Executive Services, Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1655 E. Semoran Blvd.	1655 E. Semoran Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Suite 4	Suite 4
City & State	City & State
Apopka, FL	Apopka, FL
Zip / Country	Zip / Country
32703 / U.S.	32703 / U.S.

4. Date Incorporated or Qualified to Do Business in Florida

5. FEI Number: 39-2049503 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name: Theresa R. Mott
Street Address (P.O. Box Number is Not Acceptable): 1655 E. Semoran Blvd.
Suite, Apt. #, Etc.: Suite #4
City: Apopka | State: FL | Zip Code: 32703

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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 _____
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	Theresa R. Mott	1655 E. Semoran Blvd., Suite 4	Apopka, FL 32703

REINSTATEMENT
JAN 02 2014
R. HUNT

10. E-mail Address: [illegible]
(To be used for future annual report notification)

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 upon 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., and 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; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Theresa R. Mott 12/30/13 407.880.1044
SIGNATURE AND TYPED OR PRINTED NAME OF ACTING OFFICER OR DIRECTOR — Date — Daytime Phone #