

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2020 MAY 22 AM 9:17

DIVISION OF CORPORATIONS

DOCUMENT # P17000097379

1. Corporation Name

Property Relief Professionals

2. Principal Office Address - No P.O. Box #

100 Ashley Dr

Suite, Apt. #, etc.

600

City & State

Tampa FL

Zip

33602

Country

Hillsborough

3. Mailing Office Address

100 Ashley Dr.

Suite, Apt. #, etc.

600

City & State

Tampa FL

Zip

33602

Country

600345183856
05/22/20--01021--021 **750.00
CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

82-3645981

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

Matthew Williams

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

100 Ashley Dr

Suite, Apt. #, Etc.

600

City

Tampa

State

FL

Zip Code

33602

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

Matthew Williams

REGISTERED AGENT MUST SIGN

Date

5/15/2020

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	Matthew Williams	100 Ashley Dr Suite 600	Tampa FL, 33602

T MOORE
MAY 26 2020

10. E-mail Address: Support@prp-expert

(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 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., and that all fees owed by the corporation have been paid. I further certify that 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:

Matthew Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/2020

Date

Daytime Phone #