

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
FILED

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

03 MAY 20 07 PM 1:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P30067**

1. Corporation Name

**PRUDENTIAL REFERRAL SERVICES, INC.**

Principal Place of Business

3333 MICHELSON DRIVE  
SUITE 1000  
IRVINE CA 92612

Mailing Address

213 WASHINGTON STREET  
CORP TAX DIV. 8TH FLOOR  
NEWARK NJ 07102-3777



06/11/02 90391 037 \$550.00



**REINSTATEMENT 02-03**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

07/06/1990

5. FEI Number

13-3203133

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
AC	PAVLOU, JANICE	213 WASHINGTON STREET	NEWARK NJ 07102
VP	FRANZETTA, PAUL D	333 MICHELSON DR	IRVINE CA 92612
CEO	LEE, EARL W	3333 MICHELSON DRIVE	IRVINE CA 92612
ASA	MANSUR-BROWN, PATRICIA M	3333 MICHELSON DR SUITE 1000	IRVINE CA 92612
VP	DAVIES, DOUGLAS G	3333 MICHELSON DR SUITE 1000	IRVINE CA 92612
PD	LEE, EARL W	3333 MICHELSON DR STE 1000	IRVINE CA 92612

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

700020429957  
06/04/03--01003--016 \*\*350.00

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

*Janice Pavlou*  
REGISTERED AGENT MUST SIGN

Date

5/14/03

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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:

*Janice Pavlou*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/9/03

Daytime Phone #

CR2E040 (8/02)