

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02 MAR 22 PM 4:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000013234

1. Corporation Name

PROVIDER EARNINGS PROTECTION
SERVICES, INC.

2. Principal Office Address

2529 KINGSLAND AVE

Suite, Apt. #, etc.

City & State

ORLANDO FL

Zip

32808

Country

USA

3. Mailing Office Address

2529 KINGSLAND AVE

Suite, Apt. #, etc.

City & State

ORLANDO FL

Zip

32808

Country

USA

[Handwritten Signature]

REINSTATEMENT 99-02

4. Date Incorporated or Qualified
To Do Business in Florida

DECEMBER 1992

5. FEI Number

02-1521761

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

JOHN S. DEMBROSKE

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

7849 BELVOIR DR

Suite, Apt. #, Etc.

City

ORLANDO

State
FL

Zip Code

32835

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

John S. Dembroski

REGISTERED AGENT MUST SIGN

Date

3/21/02

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
PRES	JOHN S DEMBROSKE	7849 BELVOIR DR	ORLANDO, FL 32835
VP	ALLAN EAYRS	12924 LAKESHORE DR	CLERMONT, FL 34711
SEC	JOHN S DEMBROSKE	7849 BELVOIR DR	ORLANDO, FL 32835
TRC	ALLAN EAYRS	12924 LAKESHORE DR	CLERMONT, FL 34711
DIA	JOHN S. DEMBROSKE	7849 BELVOIR DR	ORLANDO, FL 32835
DIA	ALLAN EAYRS	12924 LAKESHORE DR	CLERMONT, FL 34711

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 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:

John S. Dembroski JOHN S. DEMBROSKE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/21/02

Daytime Phone #

407-872-0040

CR2001 (9/01)