

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P93000009248

1. Corporation Name

PETERS' PROFESSIONAL SERVICES, INC.

Principal Place of Business

~~7623 AUTUMN PINES DR.~~  
~~ORLANDO FL 32822~~

Mailing Address

~~7623 AUTUMN PINES DR.~~  
~~ORLANDO FL 32822~~

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

2. New Principal Office Address, If Applicable

2342 ARCHER BLVD

Suite, Apt., etc.

City & State

ORLANDO, FL

Zip

32833-3909

Country

USA

3. New Mailing Office Address, If Applicable

2342 ARCHER BLVD

Suite, Apt., etc.

City & State

ORLANDO, FL

Zip

32833-3909

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

02/01/1993

5. FEI Number

59-3137934

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	PETERS, HAROLD R	<del>7623 AUTUMN PINES DR</del> <u>25525 E. Colonial DRIVE</u>	<del>ORLANDO FL</del> <u>CHRISTMAS, FL 32709</u>
V	PETERS, EUGENE R	<del>1022 GENEVA DR</del> <u>2342 ARCHER BLVD</u>	<del>ORLANDO FL</del> <u>ORLANDO, FL 32833</u>
ST	PETERS, DAVID M	<del>7623 AUTUMN PINES DR</del> <u>2342 ARCHER BLVD</u>	<u>ORLANDO FL 32833</u>
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REINSTATEMENT 96-01

8. Name and Address of Current Registered Agent

PETERS, HAROLD R  
~~7623 AUTUMN PINES DR.~~  
~~ORLANDO FL 32822~~

9. Name and Address of New Registered Agent

Name PETERS, HAROLD R  
Street Address (P.O. Box Number is Not Acceptable) 25525 E. Colonial DR  
~~2342 ARCHER BLVD~~  
Suite, Apt., Etc.  
City CHRISTMAS State FL Zip Code 32709

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.

Signature of  
Registered Agent

Harold R. Peters

REGISTERED AGENT MUST SIGN

Date

9/10/01

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. 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:

Harold R. Peters  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/10/01  
Date

(407) 528-6869  
Daytime Phone #