

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 FEB 24 AM 10:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

093000615005

1. Corporation Name

Personnel Management Services Inc

REINSTATEMENT 01-03

100013033111

02/24/03--01060--009 **1050.00

2. Principal Office Address

929 NW 8 Ave

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 1196

Suite, Apt. #, etc.

City & State

Ft Lauderdale, FL

City & State

Ft Laud, FL

Zip

33311

Country

USA

Zip

33302

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0388876

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

Shari Schauer

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

115 NW 5th Street

Suite, Apt. #, Etc.

City

Ft Lauderdale

State

FL

Zip Code

33302

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

Shari Schauer

REGISTERED AGENT MUST SIGN

Date

2/13/03

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	Anthony Schauer	115 NW 8th Ave	Ft. Laud, FL 33302
Sec	Shari Schauer	115 NW 8th Ave	Ft. Laud, FL 33302

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:

Shari Schauer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/03

Date

561-866
4648

Daytime Phone #

CR2E081 (10/02)