

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 AUG 25 PM 3: 56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000092339

1. Corporation Name

Planned Financial Services Corporation

2. Principal Office Address

600 ByPass Drive

Suite, Apt. #, etc.

#109

City & State

Clearwater, FL

Zip

33764

Country

USA

3. Mailing Office Address

P.O.Box 7515

Suite, Apt. #, etc.

City & State

Clearwater, FL

Zip

33758

Country

USA

REINSTATEMENT 96-06

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

1/1/95

5. FEI Number

59-3295595

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

Mark C. Serra

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

600 ByPass Drive

Suite, Apt. #, Etc.

#109

City

Clearwater

State

FL

Zip Code

33764

700079520087

09/06/06--01035--003 **1 15.00

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

REGISTERED AGENT MUST SIGN

Date 8/24/2006

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/S/T	Mark C. Serra	600 ByPass Drive	Clearwater, FL 33764
V	Matthew F. Serra	1030 Clearwater-Largo Rd	Largo, FL 33770
M	Stephen L. Serra	2701 N.W. 23rd Blvd.	Gainesville, FL 32605

8/25

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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/24/06

Date

727-724-0180

Daytime Phone #



Planned Financial Services Corporation

P.O.Box 7515 • Clearwater, Florida 33758-7515 • 727-724-0180 • Fax: 727-787-8861

August 24, 2006

Att: Reinstatements

Division of Corporations
2661 Executive Center Circle, Clifton Bldg
Tallahassee, FL 32301

Re: P94000092339--"Planned Financial Services Corporation"
Reinstatement

Dear Sirs:

This company wishes to be reinstated and has enclosed a certified check (#458867962) in the amount of \$1,715.00 for said reinstatement fees as calculated by Tyrone in your phone unit. This calculation considered that the company was not notified of the annual report/fee due that then lead to the subsequent administrative dissolution. Please also find the enclosed and signed "Corporation Reinstatement" form with updated information.

If there are any questions or problems with this request please don't hesitate to call the number listed above. Thank you in advance for your time and consideration.

Sincerely,



Mark C. Serra LUTCF CSA
President

Encl.