

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
VISION INCORPORATIONS

DOCUMENT # P95000059428

1. Corporation Name
PROFESSIONAL Services Center, Inc.

2. Principal Office Address
7257A NE 4 Ave.
Suite, Apt. #, etc.
City & State
Miami - FL
Zip
33137
Country
USA

3. Mailing Office Address
Suite, Apt. #, etc.
City & State
Zip
Country

FILED
01 AUG -3 PM 2:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4. Date Incorporated or Qualified To Do Business in Florida 1995

5. FEI Number 650623120
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
MARIBEL TAMARGO

Street Address (P.O. Box Number is Not Acceptable)
7257A NE 4 Ave.

Suite, Apt. #, Etc.

City
Miami

State
FL

Zip Code
33137

000004547660-3
-08/22/01--01004--004
****450.00 ****450.00

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 *[Signature]* Date _____
REGISTERED AGENT MUST SIGN

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
DIR.	MARIBEL TAMARGO	7257A NE 4 Ave.	MIAMI - FL. 33137

LS

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: *[Signature]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** 7/16/01
Date Daytime Phone #

CR2E081 (9/00)

Miami, Florida
July 16, 2001

2082

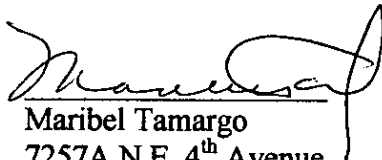
State of Florida
Division of Corporations
Reinstatement Section

RE: Professional Services Center, Inc.
Document No. P95000059428

Thank you for your information today. Enclosed, please find the form required to reinstate this Corporation, along with the pertinent changes. And a check in the amount of \$450.00, as per your customer's representative quote.

Per your instructions, we are hereby respectfully requesting that all pertinent fees be waived since we did not receive the notifications in question.

Thank you for your assistance.



Maribel Tamargo
7257A N.E. 4th Avenue
Miami, Fla. 33137