

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *P95000059428*

1. Corporation Name

PROFESSIONAL Services Center, INC.

2. Principal Office Address

801 Brickell Ave

Suite, Apt. #, etc.

9TH FLOOR

City & State

Miami - FL

Zip

33131

Country

USA

3. Mailing Office Address

801 Brickell Ave

Suite, Apt. #, etc.

9TH FLOOR

City & State

Miami - FL

Zip

33131

Country

USA

REINSTATEMENT *03*

4. Date Incorporated or Qualified
To Do Business in Florida *7/31/1995*

5. FEI Number

65-0623120

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

MARIA ISABEL GIRON

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

801 Brickell Ave

Suite, Apt. #, Etc.

9TH FLOOR

City

Miami

800024378638

*11/03/03--01054--003 **158.75*

State
FL

Zip Code

33131

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]

REGISTERED AGENT MUST SIGN

Date

10/30/03

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
<i>D</i>	<i>MARIA ISABEL GIRON</i>	<i>801 Brickell Ave. 9TH FLOOR</i>	<i>Miami, FL 33131</i>

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

Date

10/30/03

Daytime Phone #

FILED
03 NOV - 3 PM 2:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR25081 (10/02)

Professional Services Center, Inc

October 31, 2003

TO: State of Florida
Division of Corporations
Tallahassee, Florida

FROM: Maria Isabel Giro
Professional Services Center, Inc.
801 Brickell Avenue, 9th Floor
Miami, Florida 33131

RE: Administrative Dissolution of Corporation – Document No.: P95000059428

To Whom IT May Concern:

When searching in your web site to make sure changes made to our address and directors had been updated in your records, we were surprised to see the Corporation was dissolved in September, 2003 for not filing the annual report.

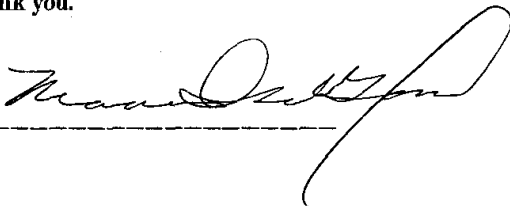
Although we recognize that it is customary to file the annual report in May, since you still have our old address, obviously your reporting notice never got to us and it went unnoticed by our administrative staff.

Enclosed is the check and proper form to reinstate the Corporation, as well as a copy of our previous letters to you changing the Directors and Registered Agent, plus the address.

RECAP of our new address: 801 Brickell Avenue, 9th Floor, Miami Florida 33131
Our Registered Agent: Maria Isabel Giro, (same Address).

Do the above; we respectfully request that the late fee be waived.

Thank you.



801 Brickell Avenue, 9th Floor, Miami, Florida 33131
(305) 756-3135