

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE

Secretary of State

Division of Corporations

FILED

01 NOV -2 AM 11:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000074353

1. Corporation Name

THE PROFESSIONAL RESOURCE GROUP, INC.

600004705606--8

-12/05/01--01028--018

****150.00 ****150.00

2. Principal Office Address

301 Drosdick Drive

Suite, Apt. #, etc.

City & State

Casselberry, Florida

Zip

32707

Country

Seminole

3. Mailing Office Address

301 Drosdick Drive

Suite, Apt. #, etc.

City & State

Casselberry, Florida

Zip

32707

Country

Seminole

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

5. FEI Number

59-3345098

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

Andrew L. Reiff, Esquire, Andrew L. Reiff, P. A.

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

135 W. Central Blvd. Southtrust Bank Bldg. Suite 720

Suite, Apt. #, Etc.

Orlando

City

State
FL

Zip Code

32801

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

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
PD	Natalie Stiles	301 Drosdick Drive	Casselberry, Florida 32707

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)(b), 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:

Natalie S. Stiles

/Natalie Stiles, President

Date

12/30/01

407-718-7047

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

202

NATALIE STILES
301 Drosdick Drive
Casselberry, Florida 32707
407-718-7047

October 30, 2001

Department Of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Re: The Professional Resource Group, Inc.

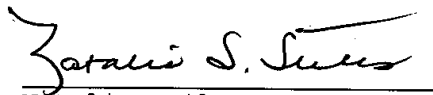
Dear Sir or Madam:

I am enclosing the Corporation Reinstatement Annual Report for the Professional Resource Group, Inc., along with the filing fee in the amount of \$150.00.

The reason the Report was not filed on time was that I never received it, and if it was mailed to my former address. It was not forwarded to me. My understanding is that since I did not receive the Annual Report form, the reinstatement fee is waived.

If you have any questions, please do not hesitate to contact me.

Sincerely,


Natalie Stiles, President