PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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1. Corporation Name

THE PROFESSIONAL RESOURCE GROUP, INC.

2. Principal Office Address	3. Mailing Office Address
301 Drosdick Drive	301 Drosdick Drive
Suite, Apt. #, etc. –	Suite, Apt. #, etc. –
City & State: Casselberry, Florida	City & State: Casselberry, Florida
Zip: 32707 Country: Seminole	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.:

City: Orlando 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 _____ Date _____
REGISTERED AGENT MUST SIGN

CR2E081 (9/00)

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)(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: Natalie S. Stiles /Natalie Stiles, President 10/30/01 407-718-7047
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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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 S. Stiles

Natalie Stiles, President