

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 JUN -5 AM 11: 11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 995000091817

1. Corporation Name
PROFESSIONAL PLACEMENT RESOURCES, INC.

Principal Place of Business: **2040 Green Heron Pt. Jacksonville Beach, Fl. 32250**
Mailing Address: **2040 Green Heron Pt. Jacksonville Beach Fl. 32250**

REINSTATEMENT 96-97

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable Same as above		3. New Mailing Office Address, If Applicable Same as above		4. Date Incorporated or Qualified To Do Business in Florida 11/29/95	
5. FEI Number 59-335-0647		Applied For		Not Applicable	
City & State		City & State		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
Zip	Country	Zip	Country		

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PLS/D	Frein, Keith	2040 Green Heron Pt. Jacksonville Beach Fl. 32250	Jacksonville Beach Fl. 32250
NLT/D	Cooper, Dwight	2040 Green Heron Pt	Jacksonville Beach Fl. 32250
			300002205783--7 -06/09/97--01087--018 ****915.00 ****915.00

8. Name and Address of Current Registered Agent

**Joseph Frein, Esq.
118 East Jefferson St.
Orlando, Fl. 32801**

9. Name and Address of New Registered Agent

Name: **n/a**
Street Address (P.O. Box Number is Not Acceptable):
Suite, Apt. #, Etc.:
City: State: **FL** Zip Code:

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: *Joseph Frein* REGISTERED AGENT MUST SIGN Date: **6/3/97**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. 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: *Keith Frein* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: **6/3/97** Daytime Phone #: **407-649-9133**

CR2E040 (12/96)