

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # 995000091817

1. Corporation Name

**PROFESSIONAL PLACEMENT
RESOURCES, INC.**

FILED

97 JUN -5 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

**2040 Green Heron Pt.
Jacksonville Beach, Fl.
32250**

**2040 Green Heron Pt.
Jacksonville Beach Fl.
32250**

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

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PLS/D	Frein, Keith	2040 Green Heron Pt. Jacksonville Beach Fl.	Jacksonville Beach Fl. 32250
NIT/D	Cooper, Dwight	2040 Green Heron Pt. 32250	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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Keith Frein

6/3/97

Date

407-649-9133

Daytime Phone #

CR2E040 (12/96)