

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P96000023018

1. Corporation Name  
PROFESSIONAL SUPPORT SERVICES, INC.

FILED

99 NOV 15 AM 10:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
12000 BISCAYNE BLVD, #108 SAME  
MIAMI, FL 33181

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 3/4/96	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0653612	
City & State		City & State		Applied For Not Applicable	
Zip Country		Zip Country		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1. Title	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
D	KATHLEEN KING	714 NW 12 AVENUE	DANIA, FL 33004
VP	MICHAEL ARDNER	1531 NE 131 LANE	MIAMI, FL 33161
D	GREG MARSHALL	12000 BISCAYNE BLVD, #808	NORTH MIAMI, FL 33181
D			
		600003060946--9 -12/06/99--01009--005 ****150.00 ****150.00	

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name Michael Ardner  
Street Address (P.O. Box Number is Not Acceptable) 12000 BISCAYNE Blvd  
Suite, Apt. #, Etc 108  
City MIAMI State FL Zip Code 33181

10. I have 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 X

REGISTERED AGENT MUST SIGN

Date

11. This corporation owes the current year  
Intangible Personal Property Tax due June 30.

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, and 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. That 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: X  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/12/99  
Date

305-892-2293  
Daytime Phone #

**NEIL J. MORNICK, C.P.A.**  
CERTIFIED PUBLIC ACCOUNTANT  
Kendall Summit Executive Centre, #204  
11440 N. Kendall Drive  
Miami, FL 33176  
Tel. (305) 598-2224  
Fax. (305) 598-2226

November 12, 1999

Reinstatement Division  
Florida Dept of State  
Division of Corporations  
P O Box 6327  
Tallahassee, FL 32314

Re: Professional Support Services, Inc.

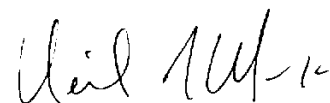
Gentlemen:

Enclosed please find a completed and signed Application for Reinstatement with check for \$150 being renewal fees for 1999.

Please be explained that this corporation had changed its address three times in less than ten months. They were not aware of the non-renewal until we, the new accountant, drew their attention that the corporation had not filed the annual report when we were going through their books. The three-time change of address and the previous accountant did not help.

I am writing to beseech this one-time abatement of late filing penalty. Please confirm to us in writing your acceptance. Thank you.

Sincerely,



Neil J. Mornick, CPA

NJM/kk  
Enc.

cc: Client