

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

00 NOV 13 PM 1:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # P96000082822

1. Corporation Name
PROFESSIONAL CONSULTING SPECIALISTS, INC.

2. Principal Office Address

265 S. Federal Hwy.

Suite, Apt. #, etc.

Ste. 291

City & State

DEERFILED BEACH, FL 33441

Zip

Country

3. Mailing Office Address

P.O. Box 72

Suite, Apt. #, etc.

City & State

Bascom, FL

Zip

Country

32423

REINSTATEMENT 99-00

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

5. FEI Number
59-3431946

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

Geraldine Dodson

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

4934 Satin Dr.

Suite, Apt. #, Etc.

City

Bascom

State

FL

Zip Code

32423

600003496526-3

-12/12/00-01027-005

****900.00 ****900.00

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

Geraldine Dodson

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 |
|--------|--------------------------------------|---|-----------------------|
| PRES. | Douglas Dodson | 362 Gulf Breeze Pkwy., Ste. 108 | Gulf Breeze, FL 32561 |
| VP | Geraldine Dodson | 4934 Satin Dr. | Bascom, FL 32423 |
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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:

Geraldine Dodson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/99)