

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 AUG -4 AM 9:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000085851

1. Corporation Name
Corporate Public Relations Services, Inc.

Principal Place of Business

Mailing Address

REINSTATEMENT 97-99

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

2. New Principal Office Address, If Applicable 207 Jasmine Lane Suite Apt. #, etc.	3. New Mailing Office Address, If Applicable 207 Jasmine Lane Suite Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida 10/14/96
City & State Longwood, FL Zip 32779 Country USA	City & State Longwood, FL Zip 32779 Country USA	5. Fee Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. Certificate of Status Desired <input type="checkbox"/>		7. If Applicable, Check Appropriate Box <input type="checkbox"/> For Information Only <input type="checkbox"/> For Application of Status

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 Number)	4. City, State, Zip
	PTSD Roy Meadows	207 Jasmine Lane	Longwood, FL 32779

300002950553--9
-08/04/99--01082--003
***1085.00 ***1050.00

8. Name and Address of Current Registered Agent Roy Meadows 207 Jasmine Lane Longwood, FL 32779	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite Apt. #, Etc. City State Zip Code
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10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0503, F.S.

Signature of Registered Agent: X Roy Meadows
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, 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: X Roy Meadows
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

S. PAYNE AUG 4 1999