

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAY -5 PM 3:56

ALLAHASSEE, FLORIDA

DOCUMENT # P97000021252

1. Corporation Name

PR S, Inc

2. Principal Office Address - No P.O. Box #

802 SW marsh Harbor Bay

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Port St. Lucie, FL

City & State

Zip

34984

Country

USA

Zip

Country

400180415964

05/05/10--01036--022 **450.00

CR2E081 (4/10)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

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

Karen Sweeney

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

802 SW marsh Harbor Bay

Suite, Apt. #, Etc.

City

Port St. Lucie,

State

FL

Zip Code

34984

PROFIT CORPORATIONS ONLY

☒ The \$600.00 reinstatement fee is imposed,
except in circumstances which the entity did
not receive the prior notices. By checking
this box, you are certifying the prior
notices were not received and requesting
the reinstatement fee be waived.

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

Karen J. Sweeney

REGISTERED AGENT MUST SIGN

Date 4-20-10

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.	<u>Paul R. Sweeney</u>	<u>802 SW marsh Harbor Bay</u>	<u>Port St. Lucie, FL 34984</u>
Sec/ Treas	<u>Karen J. Sweeney</u>	<u>802 SW marsh Harbor Bay</u>	<u>Port St. Lucie, FL 34984</u>

REINSTATEMENT

**M. MILLIGAN
EXAMINER**

MAY - 7 2010

10. E-mail Address: magicroomembroidery@yahoo.com

(To be used for future annual report notification)

11. 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. I further certify, 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:

Karen J. Sweeney / Karen J. Sweeney

4-20-10 772-878-3369

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #