

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

05 NOV -9 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000099778

1. Corporation Name

PROFESSIONAL NONATTORNEY SERVICES INC

2. Principal Office Address

650 NW 180 TH TERRACE

Suite, Apt. #, etc.

B

City & State

PEMBROKE PINES, FL

Zip

33029

Country

USA

3. Mailing Office Address

650 NW 180TH TERRACE

Suite, Apt. #, etc.

B

City & State

PEMBROKE PINES, FL

Zip

33029

Country

USA

REINSTATEMENT

01-05

4. Date Incorporated or Qualified
To Do Business in Florida

11/24/1997

5. FEI Number

650803021

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$5.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

DR OSCAR A RUIZ (JD)(MBA)

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

650 NW 180 TERRACE

Suite, Apt. #, Etc.

B

City

PEMBROKE PINES

State

FL

Zip Code

33029

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

[Signature]

Date 11/05/2005

REGISTERED AGENT MUST SIGN

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
P	CLAUDIA LERMA	650 NW 180 TERRACE	PEMBROKE, FL 33029
VP	CARMEN SANCHEZ	650 NW 180 TERRACE	PEMBROKE, FL 33029

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:

[Signature]

"President"

SIGNATURE AND TITLED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-05-05

(954) 885-52-00

Date

Daytime Phone #

K. Eckel NOV -9 2005