

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR -3 AM 8:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000046364

1. Corporation Name

PRO-SERVICES INTERNATIONAL, INC.
334 EAST LAKE ROAD #130
PALM HARBOR, FL 34685-2427

2. Principal Office Address

334 EAST LAKE ROAD

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

#130

Suite, Apt. #, etc.

City & State

PALM HARBOR, FL

City & State

Zip

34685-2427

Country

UNITED STATES

Zip

Country

REINSTATEMENT 00-04

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

MAY 20TH 1998

5. FEI Number

59-3520853

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

GRAFTON FARMER

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

334 EAST LAKE ROAD

Suite, Apt. #, Etc.

#130

City

PALM HARBOR

State

FL

Zip Code

34685-2427

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

Date

2-25-04

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
PRES.	GRAFTON FARMER	334 EAST LAKE ROAD #130	PALM HARBOR, FL 34685-2427
DIR.	CATHY FARMER	334 EAST LAKE ROAD #130	PALM HARBOR, FL 34685-2427

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-25-04

Daytime Phone #

205-481-9200

CR25081 (01/04)