

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA SECRETARY OF STATE
T. Harri
State
DIVISION OF CORPORATIONS

DOCUMENT # P98000099301

1. Corporation Name

PUBLISH SERVICES INC.

Principal Place of Business

1010 US 27 SOUTH
AVON PARK FL 33825

Mailing Address

1010 US 27 SOUTH
AVON PARK FL 33825

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/23/1998

5. FEI Number

65-0919493

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$375. Additional Fee required
for a Certificate 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	4. City / State / Zip
Pres	Todd TIRICO	1790 SE 28th AVE 8th	FT LAUDERDALE FL 33316

8. Name and Address of Current Registered Agent

TIRICO, TODD
1010 US 27 SOUTH
AVON PARK FL 33825

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

12/2/99

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 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

Daytime Phone #

12/2/99

2

December 2, 1999

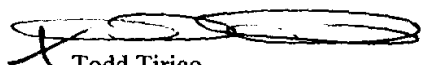
Florida Department of State
Division of Corporations
Annual Report/Reinstatement Section
P.O Box 6327
Tallahassee, FL 32314-6327

RE: Publish Services Inc.
Document# P98000099301

To Whom It May Concern:

We are in receipt of your notice of administrative dissolution or revocation on the above-mentioned company. We had originally filed an application of Reinstatement with the Department of State on August 4, 1999 along with a check in the amount of \$550.00 (copy of cancelled check enclosed). Per my phone conversation with the Department of State on Nov 24, 1999 a letter of rejection was mailed to us because of missing information. We never received this letter of rejection. As requested, enclosed you will find the reinstatement application completed. If you have any further questions please feel free to contact us at (954) 776-1444 between the hours of 9am - 5pm.

Sincerely,



Todd Tirico
President