

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

①

APPLICATION

FLORIDA DEPARTMENT OF STATE

FOR

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

99 NOV 19 PM 4:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P9800003975

Corporate Name

FIRST SOURCE REFERRAL SERVICE, INC

Principal Place of Business

Mailing Address

538 ORANGE Dr. #17
Altamonte Springs, FL
32701

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

2. New Principal Office Address, If Applicable

SAME AS ABOVE

3. New Mailing Office Address, If Applicable

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12-15-98

5. FEI Number

59-3546716

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$9.75 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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P, T, D	NICOLE M. LEIBY	538 ORANGE Dr. #17	Altamonte Springs, FL 32701

400003070784--4
-12/15/99--01036--001
****158.75 ****158.75

8. Name and Address of Current Registered Agent

SAME AS ABOVE

9. Name and Address of New Registered Agent

Name NICOLE MARIE LEIBY

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

538 ORANGE Dr. #17

Suite, Apt. #, Etc.

#17

City

Altamonte Springs

State

FL

Zip Code

32701

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

Nicole Marie Leiby
REGISTERED AGENT MUST SIGN

Date 10-5-99

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:

Nicole Marie Leiby
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-5-99

Daytime Phone #

②

To: Division of Corporations
From: First Source Referral Service, Inc. (Nicole Leiby)
RE: Corporation Reinstatement

Dear Sir or Madam:

On 9-29-99 I contacted your office to gather some general information. Upon doing so I was informed that my company First Source Referral Service Inc. had been desolved because Reinstatement Forms were not filed with your office back in May.

I was aware that each year a corporation must be Reinstated however I was unaware that it had to be done by May for the following year and I assumed that I would receive notice or application by mail in order to do so.

I was informed by a representative of your office that I indeed had a letter or application was sent, only to be returned to your office as undeliverable. I greatly apologize for the misunderstanding on my part and will assure your office that this oversight will not be made again.

Furthermore I respectfully request that the late fee be waived and that First Source Referral Service, Inc. be Reinstated. I have enclosed the application as well as \$150.00 Reinstatement fee and an additional 8.75 for a certificate of status.

I greatly appreciate your assisting in this matter.

Sincerely,

Nicole Marie Leiby
Nicole Marie Leiby