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APPLICATION  
FOR  
REINSTATEMENT00 UBR  
FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONSFILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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DOCUMENT # P98000103975

1. Corporation Name

FIRST SOURCE REFERRAL SERVICE, INC.

Principal Place of Business

Mailing Address

~~538 ORANGE DR. #17  
ALTAMONTE SPRINGS FL 32701~~~~538 ORANGE DR. #17  
ALTAMONTE SPRINGS FL 32701~~210 WILSHIRE BLVD.  
CASSELBERRY FL 32707210 WILSHIRE BLVD.  
CASSELBERRY FL 32707

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

4. Date Incorporated or Qualified  
To Do Business in Florida

12/15/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

32707

Seminole

5. FEI Number

59-3546716

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐ ☐

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
PTD	LEIBY, NICOLE M	538 ORANGE DR. #17	ALTAMONTE SPRINGS FL 32701

9000003480879  
11/30/00 01036 001  
\*\*\*150.00 \*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LEIBY, NICOLE MARIE  
538 ORANGE DR. #17  
ALTAMONTE SPRINGS FL 32701

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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 AgentNicolette Leiby  
REQUIRED  
REGISTERED AGENT MUST SIGN

Date

11-1-00

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 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 #

11-1-00 407-331-3300


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FIRST SOURCE REFERRAL SERVICE, INC.  
210 WILSHIRE BLVD.  
CASSELBERRY, FL 32707

FIRST SOURCE REFERRAL SERVICE INC.

November 1, 2000

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314  
Tax ID # 59-3546716

Dear Sir or Madam:



I have just been notified as of October 27, 2000 that my corporation has failed to file its 2000 corporation annual report/uniform business report. I have never received any forms telling me that this expired. I have finally received a notice on October 27, 2000 that one did reach me. For some reason I am not being notified in time to file this report. I have noticed the address is my home address not my location of the business. I have had some problems with my mail. I have contacted my local postal service and they are trying to make sure it gets corrected as soon as possible. I have changed my address on the report so that this will not happen again. I am asking to please waive the fee for not filing on time. I assure you I have no problems with my postal service at my office. Again I am sorry for the inconvenience and I hope you do understand. I do not like to let important information slip by me. I have enclosed a check for \$150.00 for my annual reinstatement. If you have any problems please notify me and I will take care of it immediately. Thank you for your immediate attention in this matter.

Sincerely,

  
Nicole M. Leiby / Owner