

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 MAR 12 AM 8:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000024858

1. Corporation Name

Professional Dispute Resolutions, Inc.

2. Principal Office Address

1200 N. Federal Hwy

Suite, Apt. #, etc.

Suite 200

City & State

Boca Raton, Florida

Zip

33432

Country

U.S.A.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

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

3/18/99

5. FEI Number

65-091792#3

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

00-01 UBR

7. Name and Address of Current Registered Agent

Name

Mark A. Buckstein

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

1200 N. Federal Highway

Suite, Apt. #, Etc.

Suite 200

City

Boca Raton

State
FL

Zip Code

33432

000003851040--0

-03/13/01--01096--017

****308.75 ****308.75

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

REGISTERED AGENT MUST SIGN

Date

2/22/01

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 Director	Mark A. Buckstein	1200 N. Federal Hwy	Boca Raton, FL 33432
Secy Treas	Rochelle Buckstein	"	"

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:

MARK A. BUCKSTEIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/01

Date

5614478215

Daytime Phone #

CR2E081 (9/00)

Professional Dispute Resolutions, Inc.

1200 North Federal Highway • Suite 200
Boca Raton, Florida 33432

Mark A. Buckstein
Principal
Email: mabresolve@aol.com

202
Tel: (561) 447-8215
Fax: (561) 447-8216
Cellular: (561) 212-5188

February 22, 2001

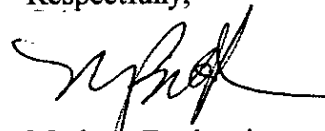
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Annual Reports

Ladies and Gentlemen:

I enclose an application for reinstatement of my company. I have never received any notice of annual report filings or any forms and my accountant has told me that you did not have my correct address and that the forms were returned to you and never sent back to me. I would appreciate your giving consideration to waiving or reducing whatever the penalties are for my reinstatement. I would appreciate your favorable consideration of this request and as soon as I receive notice of the necessary fee, I will promptly remit the same.

Respectfully,



Mark A. Buckstein

