

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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**CORPORATION  
REINSTATEMENT**



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

FILED  
00 OCT -6 PM 12: 30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000029961**

1. Corporation Name

**PMS ENTERPRISES OF ORLANDO INC**

2. Principal Office Address

**1296 Settlers Loop**

Suite, Apt. #, etc.

3. Mailing Office Address

**SAME**

Suite, Apt. #, etc.

City & State

**GENEVA FLA**

City & State

Zip

**32732**

Country

**USA**

Zip

**/**

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**08/16/00 90004 039 150 3-29-99**

5. FEI Number

**59-3566348**

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

**PATRICK L. MOORE**

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

**1296 Settlers Loop**

Suite, Apt. #, Etc.

City

**GENEVA**

State

**FL**

Zip Code

**32732**

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

**Patrick L. Moore**

Date

**10-2-00**

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
P/T	SHARON L. MOORE	1296 Settlers Loop	GENEVA, FLA 32732
VP/S	PATRICK L. MOORE	1296 Settlers Loop	GENEVA, FLA 32732

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:

**Sharon Moore SHARON MOORE**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**10-2-00**  
Date

**407-660-0263**  
Daytime Phone #

CR2E081 (9/99)

10-2-00  
pg 2 of 2

FROM:

PMS ENTERPRISES OF ORLANDO, INC.

1296 SETTLERS LOOP

GENEVA, FLA. 32732

REF. # P99000029961

FEI # 59-3566348

TO WHOM IT MAY CONCERN: FLA. DEPT OF STATE

I RECEIVED A SECOND NOTICE ONLY FOR THE  
YEAR OF 2000. I DID SEND A CHECK IN THE  
AMOUNT OF \$150.00 ON AUGUST 11TH, 2000 (CHECK # 1753)  
YOUR OFFICE RECOMMENDED THAT I WRITE  
TO YOU AND SEND AN ADDITIONAL \$400.00 TO GET  
UP TO DATE.

~~HOWEVER, PLEASE NOTE MY \$150.00 WAS CREDITED~~  
TO REF # P94000001903 PARK CENTER CAFE, INC. ✓

THANK YOU FOR YOUR HELP. I AM MAILING A  
CHECK TODAY, # 1840.

Thank you!  
Sharon Moore