PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P9900035176

1. Corporation Name

SIGNATURE:

PROFESSIONAL ASSISTANT SERVICES, INC.

FILED

02 JAN 24 AM 11: 15

SEURETARY DE STATE TALLAHASSEEFFLORIDA

Principal Place of Business		Mailing Add	Mailing Address 2016 HARVARD AVE DUNEDIN FL 34698					
2016 HARVARD AVE DUNEDIN FL 34698						REINSTATEMENT 01-02		
If above addresses are incorrect in any way, line through incorrect information and enter con					2 20m3 5	C S L S PP DA S P	38 8	
New Principal Office Address, If Applicable			New Mailing Office Address, If Applicable			orated or Qualified ness in Florida	04/15/1999	
Suite, Apt. #, etc.		Suite, Apt. #	Suite, Apt. #, etc.		5. FEI Numbe		Applied For	
City & State		City & State	City & State			59-3569025	- Not Applica	ble
Zip	Country	Zip	Count	try	6. CERTIFICATE	E OF STATUS DESIRED	\$8.75 Additional Fee requirements for a Certificate of State	
7. Names	and Street Addresses of Each Officer a	nd/or Director (Flo	orida nonprofit corpor	rations must list at lea	st 3 directors)			\equiv
Title(s)	Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip		
PTS	HELM, PAIGE A	A 2016 HA		IARVARD AVENUE		DUNEDIN FL 34698		
VP	P RAMSDELL, DANIEL H		2016 HARVARD AVENUE			DUNEDIN FL 34698		
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						-U2/U5/U2 ****900.	01034007 00 ****300.80)
	8. Name and Address of Curre	nt 9		9. Name and Address of New Registered Agent				
		Name						
HELM, PAIGE A 2016 HARVARD AVE			Street Address (P.O. Box Number is Not Acceptable)				\neg	
DUNEDIN FL 34698				Suite, Apt. #, Etc.				
				City		S	tate Zip Code	
10. I, being	appointed the registered agent of the a	bove named corpo	oration, am familiar w	vith and accept the ob	oligations of Secti	on 607.0505, F.S.		
Signature o Registered		REGISTERED AG	RECOL	rate (Sec. 182)		Date	7. R	_
this rein	that am an officer or director or the rec statement application, the reason for dis the corporation have been paid and th	solution has been	eliminated, the corp	orate name satisfies t	the requirements	of section 607.0401 or 61	7.0401, F.S., that all fees	1

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR