

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 31 PM 3:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000039425

1. Corporation Name

PROVIDER SERVICES, INC.

Principal Place of Business

Mailing Address

~~2323 CLAREMONT DRIVE~~
PANAMA CITY FL 32405

~~2323 CLAREMONT DRIVE~~
PANAMA CITY FL 32405



REINSTATEMENT

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

~~6608 Lake Joanna Circle~~
Panama City, FL 32404

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Panama City, FL 32404

4. Date Incorporated or Qualified
To Do Business in Florida

04/23/1999

5. FEI Number

59-3573777

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 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	4 City / State / Zip
D	LAMERE, CRAIG A	2323 CLAREMONT DRIVE ATE B	PANAMA CITY FL 32405
D	LAMERE, JENNIFER A	2323 CLAREMONT DRIVE ATE B	PANAMA CITY FL 32405
D	JENNINGS, TONY R	6608 LAKE JOANNA CIRCLE	PANAMA CITY FL 32404
D	JENNINGS, MICHELLE A	6608 LAKE JOANNA CIRCLE	PANAMA CITY FL 32404

900024341099
10/31/03--01088--017 **150.00

8. Name and Address of Current Registered Agent

LAMERE, CRAIG A
2323 CLAREMONT DRIVE
PANAMA CITY FL 32405

9. Name and Address of New Registered Agent

Name
Michelle A Jennings
Street Address (P.O. Box Number is Not Acceptable)
6608 Lake Joanna Circle
Suite, Apt. #, Etc.

City
Panama

State
FL

Zip Code
32404

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. or 617.0505, F.S.

Signature of
Registered Agent

Michelle A Jennings
REGISTERED AGENT MUST SIGN

Date 10-27-03

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

SIGNATURE:

Michelle A Jennings
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-27-03 850-527-9254
Date Daytime Phone #

CR2E040 (7/03)

10-29-03

To whom it may concern,

Please except this letter of explanation of this tax is unpaid. My husband and I were silent in the business and with in the last year we became of full ownership. We have not recived a letter of any kind. I have asked the ~~Prims~~ ~~Shareholders~~ on many occassions they did not respond. please except our apologies and except Payment to reinstate Provider Services, Inc as a coporation. We do not have other Shareholders at this time but will assign them in the near future. Thankyou in advance for the reinstatement of the Coporation.

Michelle Springs