

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

02 DEC -3 AM 10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P-99000-100188

1. Corporation Name

PARTNERS-In-Profit, Co.

2. Principal Office Address

18520 NW 67 Ave

Suite, Apt. #, etc.

261

City & State

Hialeah Florida

Zip

33015

Country

USA

3. Mailing Office Address

18520 NW 67 Ave

Suite, Apt. #, etc.

261

City & State

Hialeah Florida

Zip

33015

Country

USA

600009314226

12/03/02--01037--016 ***308.75

4. Date Incorporated or Qualified
To Do Business in Florida

11-12-1999

5. FEI Number

65-0960348

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

VIVETTE BLAIR

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

18520 NW 67 Avenue #261

Suite, Apt. #, Etc.

#261

City

Hialeah

State

FL

Zip Code

33015

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

Vivette Blair

Date

11-25-02

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
<u>DPV</u>	<u>Vivette Blair</u>	<u>18520 NW 67 Ave #261</u> <u>Hialeah, FL</u>	<u>Hialeah, FL 33015</u>
<u>ST</u>	<u>Vivette Blair</u>	<u>18520 NW 67 Ave #261</u> <u>Hialeah, FL</u>	<u>Hialeah, FL 33015</u>

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:

Vivette Blair

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-25-02

Date

(786)

290-0797

Daytime Phone #

CR2E081 (9/01)