

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED**

97 OCT 30 AM 10:25

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **S35952**

1. Corporation Name

**PARTNERS IN RECEIVABLE MANAGEMENT, INC.**

Principal Place of Business

7300 FRONTAGE RD  
 MONROE LA 71202  
 US

Mailing Address

PO BOX 7340  
 MONROE LA 81211  
 US



**REINSTATEMENT 97**

9/10/31

If above addresses are incorrect in any way, line through incorrect information and enter correct information below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

03/06/1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

72-1187575

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	TAYLOR, ANN	400 FRONTAGE ROAD	MONROE LA

800002338088--6  
 -11/04/97--01088--015  
 \*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MURATIDES, JOHN  
 SUITE 3300  
 1 TAMPA CITY CENTER  
 TAMPA FL 33601

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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.

Signature of Registered Agent

*John Muratides*

REGISTERED AGENT MUST SIGN

Date 10/22/97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No

(See other side for information on intangible tax.)

12. 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:

*John Muratides, President*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/23/97 (318) 343-8672  
 Date Daytime Phone #

CPRE040 (8/97)