

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **S81142**

1. Corporation Name

PROFESSIONALS' CONSULTANTS AND MANAGERS, INC.

Principal Place of Business

11540 ISLAND LAKES LANE
BOCA RATON FL 33498

Mailing Address

11540 ISLAND LAKES LANE
BOCA RATON FL 33498

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 01-98

To Do Business in Florida

09/12/1991

5. FEI Number

65-0294957

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)

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
D	HOSKIE, JOAN	11540 ISLAND LAKES LANE	BOCA RATON FL
P	HOSKIE, GARY	11540 ISLAND LAKES LN	BOCA RATON FL
			700002413427--5 -01/27/98--01083--010 ***900.00 ***900.00

8. Name and Address of Current Registered Agent

HOSKIE, JOAN
11540 ISLAND LAKES LANE
BOCA RATON FL 33498

9. Name and Address of New Registered Agent

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

Joan Hoskie

REGISTERED AGENT MUST SIGN

Date

1/15/98

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:

Joan Hoskie

JOAN HOSKIE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/98

Date

Daytime Phone #

501-447-6645

CP2E040 (8/97)