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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 APR -9 AM 8:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **VO4084**

1. Corporation Name  
**Professional Contact Publishing Company, INC**  
**7818 LITHIA PINECREST RD**  
**LITHIA, FL 33547**

2. Principal Office Address  
**7818 LITHIA PINECREST**

Suite, Apt. #, etc.  
**LITHIA, FL**

City & State  
**FL 33547**

Zip  
**USA**

3. Mailing Office Address  
**PO BOX 721**

Suite, Apt. #, etc.  
**LITHIA, FL**

City & State  
**33547**

Zip  
**USA**

**06/05/03 6046 022 67.00**

4. Date Incorporated or Qualified To Do Business in Florida  
**JAN 2, 1992**

5. FEI Number  
**65-0314115**

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name  
**MICHAEL HOLMES**  
Street Address (P.O. Box Number is Not Acceptable)  
**7820 LITHIA PINECREST RD**  
Suite, Apt. #, Etc.  
**LITHIA**  
City  
**LITHIA**  
State  
**FL**  
Zip Code  
**33547**

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  
**[Signature]**  
Date  
**3-4-04**  
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
PDT	MICHAEL T. HOLMES	7820 LITHIA PINECREST	LITHIA, FL 33547
DS	DENISE L. HOLMES	7820 LITHIA PINECREST	LITHIA, FL 33547

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: **Denise L. Holmes Secretary** 4/2/04 813-685-9663  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (10/02)

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*Lee Yarbrough,  
Internet Access  
Division of Corporations*

*4/2/04*

*RE: Reinstatements for Documents:  
V04084  
P97000091951*

*Lee,*

*Thank you for your help in this matter. Per our conversation on 3/24/04, this letter will verify that we did not receive the initial notices in 2003. The forms were done on line for the first time, and inadvertently we applied for a new Corporation under the same names that were then rejected.*

*Mike Holmes  
PO Box 710  
Lithia, FL 33547  
813-967-3046*