

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 JUN -4 AM 11:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V 12528**

1. Corporation Name

PROFESSIONAL SALES GROUP, INC.

2. Principal Office Address

1227 DEER LAKE CIRCLE

Suite, Apt. #, etc.

City & State

APOKA, FL 32712

Zip

32712

Country

ORANGE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1991

5. FEI Number

59-3106025

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

ELLERY J. MANGAS

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

1227 DEER LAKE CIRCLE

Suite, Apt. #, Etc.

City

APOKA

State

FL

Zip Code

32712

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

ELLERY J. MANGAS

REGISTERED AGENT MUST SIGN

Date **5/27/04**

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
PRES/	ELLERY J. MANGAS	1227 DEER LAKE CIRCLE	APOKA, FL 32712
V.P./S	SHARI L. MANGAS	1227 DEER LAKE CIRCLE	APOKA, FL 32712

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:

ELLERY J. MANGAS

ELLERY J. MANGAS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/27/04

Date

407-884-7163

Daytime Phone #

CR2E081 (10/02)