


2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 NOV 27 AM 9:17

REINSTATEMENT 06

DOCUMENT # P00000046515 1. Entity Name PBPS ENTERPRISES, INC.			
Principal Place of Business 10350 RIVERSIDE DR PALM BEACH GARDENS, FL 33410		Mailing Address 10350 RIVERSIDE DR PALM BEACH GARDENS, FL 33410	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 149 Wentworth CT	
City & State Jupiter FL		4. FEI Number 65-1010337	
Zip 33458		Country Palm Beach	
6. Name and Address of Current Registered Agent CLAYTON, BARRY L 1675 PALM BEACH LAKES BLVD STE 700 WEST PALM BEACH, FL 33401		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 480 Maplewood Dr. Suite 5 City Jupiter FL Zip Code 33458	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u>Barry L. Clayton</u> DATE: <u>11-18-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$750.00 After January 1, 2007, Fee will be \$900.00			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD KERZINGER, KERRY F 149 WENTWORTH COURT JUPITER, FL 33458	TITLE NAME STREET ADDRESS CITY-ST-ZIP	10082085881 11/27/06--01057--003 **750.00
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Philip T. Rosen PD</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>11-20-06</u> Daytime Phone #: <u>361 7996096</u>	