

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

00 SEP 14 PM 3:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000088185

1. Corporation Name  
PBL & ASSOCIATES, INC.

Principal Office Address  
2639 W. Greenleaf Ave.

3. Mailing Office Address  
Suite, Apt. #, etc.

City & State  
Chicago, IL

City & State

Zip  
60645

Country  
U.S.

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida  
10/15/98

5. FEI Number  
22-3612402

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  
Corporate Service Company

Street Address (P.O. Box Number is Not Acceptable)  
1201 Mays Street  
Suite, Apt. #, Etc.

200003393852-1

City  
Tallahassee

State  
FL

Zip Code  
32301

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  
*Elizabeth B. Konecny*  
REGISTERED AGENT MUST SIGN

Date  
9/11/00

CR2E081 (9/99)

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
President Director	Peter Levant	2639 W. Greenleaf Ave.	Chicago, IL 60645

REINSTATEMENT 99-00 TS

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: *PA*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

August 24, 2000  
Date

Daytime Phone #



ACCOUNT NO. : 072100000032

REFERENCE : 826861 4372512

AUTHORIZATION : *Patricia Pajota*

COST LIMIT : \$ 900.00

ORDER DATE : September 11, 2000

ORDER TIME : 9:52 AM

ORDER NO. : 826861-005

CUSTOMER NO: 4372512

CUSTOMER: Ross Goldstein, Esq.  
Richard I. Anslow & Associates  
Freehold Executive Center  
4400 Route 9 South, 2nd Floor,  
Freehold, NJ 07728

DOMESTIC FILINGS

NAME: PBL & ASSOCIATES, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Norma Hull

EXAMINER'S INITIALS TS

RECEIVED  
00 SEP 14 AM 10:42  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA