

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 NOV 25 AM 10:33

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # 459566

1. Corporation Name  
**PFB ASSOCIATES, INC.**

Principal Place of Business 9614 MAYWOOD DRIVE WINDERMERE FL 34786 US	Mailing Address 9614 MAYWOOD DRIVE WINDERMERE FL 34786 US
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REINSTATEMENT 02

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable Suite, Apt. #, etc.		3. New Mailing Office Address, If Applicable 200 E. Robinson Street Suite, Apt. #, etc. Suite 500 City & State Orlando, Florida		4. Date Incorporated or Qualified To Do Business in Florida 08/13/1974	
City & State		City & State		5. FEI Number 59-1562041	
Zip		Country		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
Zip		Country		Applied For Not Applicable	
Zip		Country		Applied For Not Applicable	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P D	BLOUSTEIN, PETER	9614 MAYWOOD DRIVE	WINDERMERE FL
ST D	BLOUSTEIN, ARIADNE N.	9614 MAYWOOD DRIVE	WINDERMERE FL
			800009209288 11/25/02--01086--017 **750.00

8. Name and Address of Current Registered Agent WARD, CRAIG B. 105 E. ROBINSON ST. SUITE 501 ORLANDO FL 32801		9. Name and Address of New Registered Agent Name Hendry, Stoner, Delancett & Brown, P.A. Street Address (P.O. Box Number is Not Acceptable) 200 E. Robinson Street Suite, Apt. #, Etc. Suite 500 City Orlando State FL Zip Code 32801	
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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. or 617.0505, F.S.

Hendry, Stoner, Delancett & Brown, P.A.

Signature of Registered Agent By: SIGNATURE REQUIRED Date 11/22/02  
G. Steven Brown REGISTERED AGENT MUST SIGN

11. 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: Peter E. Bloustein Peter E. Bloustein 11/21/02 407/876-5000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/02)