

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



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

FILED  
02 JUL -5 AM 10:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 489826

1. Corporation Name

PROFESSIONAL BUSINESS ENTERPRISES, INC.

2. Principal Office Address

16 SW. 40 AVE

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

Zip

33134

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified  
To Do Business in Florida

11/03/1975

5. FEI Number

59-1696841

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 01-02

7. Name and Address of Current Registered Agent

Name

JOSE L. GONZALEZ

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

16 SW. 40 AVE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33134

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

Carmen Gonzalez

Date

04/26/2002

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
VP	JOSE L. GONZALEZ JR.	16 SW. 40 AVE	MIAMI, FLORIDA 33134
TDP	CARMEN GONZALEZ	16 SW. 40 AVE	MIAMI, FLORIDA 33134
S	CARMEN GONZALEZ	16 SW. 40 AVE	MIAMI, FLORIDA 33134

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:

Carmen Gonzalez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

04/26/2002

Daytime Phone #

CR2E081 (9/01)