

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

10/2

APPLICATION
FOR
REINSTATEMENT



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

AND
FILED

01 NOV -9 AM 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F00000004132

1. Corporation Name

P.B.S. ENTERPRISES, INC., OF GA.

Principal Place of Business

5865 ARLINGTON EXPRESSWAY
JACKSONVILLE FL 32211

Mailing Address

5865 ARLINGTON EXPRESSWAY
JACKSONVILLE FL 32211



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

07/24/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

58-2132746

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
SMITH, N. PAUL	SMITH, N. PAUL	2459 ROOSEVELT HWY SUITE C-12	COLLEGE PRK GA 30337
SMITH, BERTHA HIGHTOWER BERTHA	SMITH, BERTHA HIGHTOWER BERTHA	2459 ROOSEVELT HWY SUITE C-12	COLLEGE PRK GA 30337
DICKEY RODGER	DICKEY RODGER	5865 ARLINGTON Expwy I.P.T.M. Building	JACKSONVILLE FL 32211 000004698480-3 -11/23/01-01052-018 ****158.75 ****158.75

8. Name and Address of Current Registered Agent

SMITH, N. PAUL
5865 ARLINGTON EXPRESSWAY
JACKSONVILLE FL 32211

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

JACKSONVILLE

FL

32211

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.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

11-6-01

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-6-01 404 557 6066

CR2E040 (8/01)

P.B.S. Enterprises, Inc. of Ga.
dba P&B Transport

2459 Roosevelt Hwy., Suite C-12
College Park, Georgia 30337
Phone (404) 762-0040 Fax (404) 761-3825
5865 Arlington Expressway I.P.T.M. Bldg.
Jacksonville, Florida 32211
Phone (904) 721-8769 Fax (904) 721-8510

2012

November 6, 2001

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Dear Madam or Sir,

Having received the notice of Administrative Dissolution or Revocation of our corporation we hereby request our goodstanding status be reinstated. We did not receive any notice concerning renewal nor reports being required.

We have included our check for the fee of \$158.75 as instructed for reinstatement.

Sincerely,



Rodger Dickey
General Manager