

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 NOV -7 AM 10:24

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # F00000004132

1. Corporation Name

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

Principal Place of Business

6342 ARLINGTON EXPWY
JACKSONVILLE FL 32211

Mailing Address

6342 ARLINGTON EXPWY
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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/24/2000

5. FEI Number

58-2132746

Applied For

Not Applicable

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
P	SMITH, N. PAUL	2459 ROOSEVELT HWY SUITE C-12	COLLEGE PRK GA 30337
ST	SMITH, BERTHA HIGHTOWER	2459 ROOSEVELT HWY SUITE C-12	COLLEGE PRK GA 30337
V	DICKEY, RODGER	6342 ARLINGTON EXPRESSWAY	JACKSONVILLE FL 32211
P	SMITH, N. PAUL	200 IMPERIAL WAY	FAIRBURN, GA 30213
ST	SMITH, BERTHA - HIGHTOWER	200 IMPERIAL WAY	FAIRBURN GA 30213
V	ROBERT GLAESER	6342 ARLINGTON EXPRESSWAY	JACKSONVILLE, FL 32211

8. Name and Address of Current Registered Agent

~~DICKEY, RODGER~~
6342 ARLINGTON EXPRESSWAY
JACKSONVILLE FL 32211

9. Name and Address of New Registered Agent

Name

ROBERT GLAESER

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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.

Signature of
Registered Agent

Robert Glaeser

Date 11-4-03

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:

Robert Glaeser ROBERT GLAESER

11-4-03

904-721-6769
904-615-8733

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)