

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR
~~REINSTATEMENT~~

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

DOCUMENT # F93000004870

1. Corporation Name
P.G. CORBIN AND COMPANY, INC.

Principal Place of Business Mailing Address

2 COMMERCE SQUARE, 2001 MARKET STREET
SUITE 3420
PHILADELPHIA PA 19103
US

2 COMMERCE SQUARE, 2001 MARKET STREET
SUITE 3420
PHILADELPHIA PA 19103
US

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. City & State Zip Country

3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 10/27/1993

5. FEI Number 23-2462435 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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CP	CORBIN, PATRICIA G	2001 MARKET STREET, SUITE 3420	PHILADELPHIA PA

8. Name and Address of Current Registered Agent

GRAGG, VANCE DR
430 NW 6TH AVE
BOYNTON BEACH FL 33435

9. Name and Address of New Registered Agent

Name James D. Corbin
Street Address (P.O. Box Number is Not Acceptable) Route 1, Box 1822
Suite, Apt. #, Etc.
City Tallahassee State FL Zip Code 32324

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 *James D. Corbin* REGISTERED AGENT MUST SIGN Date 10/25/00

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 *Patricia Garrison Corbin* President Date 10/25/00 (215) 568-2508 Daytime Phone #

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P.G. CORBIN & COMPANY, INC.

Two Commerce Square
2001 Market Street
Suite 3420
Philadelphia, Pennsylvania 19103
(215) 568-2508

F93-487D

November 16, 2000

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

Dear Ms. Harris:

This letter is to report that P.G. Corbin & Company, Inc. did not fail to file its 2000 corporation annual report/uniform business report. We did not receive the 2000 corporation annual report/uniform business report. Therefore, we are requesting reinstatement and have enclosed a check in the amount of \$150 for our Florida 2000 license.

Thanking you in advance for your consideration to our request. If additional information is needed, please let us know.

Sincerely,



Bertha Garrison
Vice President, Administration

Enclosure