


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

06 OCT 13 PM 1:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1/2

|   |  |   |
|---|--|---|
| DOCUMENT # F93000004870                         |  |  |
| 1. Entity Name<br>P.G. CORBIN AND COMPANY, INC. |  |   |

|   |   |
|---|---|
| Principal Place of Business<br>2 COMMERCE SQUARE, 2001 MARKET STREET<br>SUITE 3420<br>PHILADELPHIA, PA 19103 US | Mailing Address<br>2 COMMERCE SQUARE, 2001 MARKET STREET<br>SUITE 3420<br>PHILADELPHIA, PA 19103 US |
|---|---|

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |



**REINSTATEMENT** (11/05) *Al*

|   |  |   |  |
|---|--|---|--|
| 4. FEI Number<br>23-2462435                               |  | <input type="checkbox"/> Not Applicable |  |
| 5. Certificate of Status Desired <input type="checkbox"/> |  | \$8.75 Additional Fee Required          |  |

|  |  |  |  |
|--|--|--|--|
| 6. Name and Address of Current Registered Agent<br>CORBIN, JAMES D<br>ROUTE 1, BOX 1822<br>TALLAHASSEE, FL 32324 |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |  |
|--|--|--|--|

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *James Corbin* (NOTE: Registered Agent signature required when reinstating) DATE: *10/11/06*

**FILE NOW!!! FEE IS \$750.00**  
**After January 1, 2007, Fee will be \$900.00**

| 10. OFFICERS AND DIRECTORS                         |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS #N 11 |   |
|--|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | CP<br>CORBIN, PATRICIA G<br>2001 MARKET STREET, SUITE 3420<br>PHILADELPHIA, PA 19128 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | 300080360783 <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>10/02/06--01042--007 **150.00 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Patricia Garrison-Corbin* DATE: 9/19/06 DAYTIME PHONE: 215-568-2508

K. Eckel OCT 19 2006

**P.G. CORBIN & COMPANY, INC.**

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

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October 11, 2006

Florida Department of State  
Glenda E. Hood, Secretary of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Fl 32301

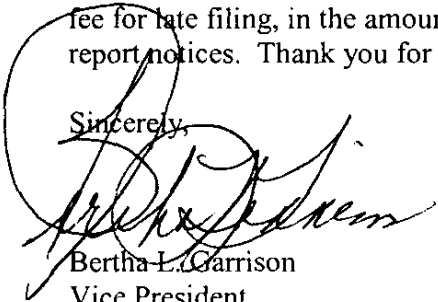
**Re: 2006 For Profit Corporation Reinstatement**

Dear Ms. Hood:

Enclosed please find an executed 2006 For Profit Corporation Reinstatement Form. Our check #19653 in the amount of \$150 is pending in your office.

In response to your letter dated October 3, 2006 we are requesting that the reinstatement fee for late filing, in the amount of \$750 be waived because we did not receive the annual report notices. Thank you for your anticipated cooperation in this matter.

Sincerely,



Bertha L. Garrison  
Vice President