

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F94000001118**

1. Corporation Name

P.P.C. BROKERS OF FLORIDA, INC.

Principal Place of Business

11285 ELKINS RD., F-4
ROSWELL GA 30078

Mailing Address

11285 ELKINS RD., F-4
ROSWELL GA 30078

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

2. New Principal Office Address, If Applicable

130 WOODCREEK DR. E.

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

130 WOODCREEK DR. E.

Suite, Apt. #, etc.

City & State

SAFETY HARBOR, FL

Zip **34695**

Country **USA**

City & State

SAFETY HARBOR, FL

Zip **34695**

Country **USA**

4. Date Incorporated or Qualified
To Do Business in Florida

03/07/1994

5. FEI Number

58-1651078

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	DOUGLAS, EARL	11285 ELKINS RD., F-4	ROSWELL GA 30078
VP	JOHNSON, DOUGLAS S.	130 WOODCREEK DR. E. SAFETY HARBOR, FL 34695	
		600002014896--5 -11/26/96-01140-005 ****375.00 ****375.00	

REINSTATEMENT

8. Name and Address of Current Registered Agent

KENNETH V JOHNSON
2719 WOODMEDE COURT
SUITE 200
CLEARWATER FC 34621

9. Name and Address of New Registered Agent

Name

DOUGLAS S. JOHNSON

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

130 WOODCREEK DR. E.

Suite, Apt. #, Etc.

City

SAFETY HARBOR

State

FL

Zip Code

34695

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 **11/18/96**

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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)(t), 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
DOUGLAS S. JOHNSON, VICE PRESIDENT

11/18/96 813-791-8830
Date Daytime Phone #