PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
96 NOV 14 AM 11:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J29358

1. Corporation Name

PASTABILITY OF BROWARD, INC.

Principal Place of Business	Mailing Address
~~4989 UNIVERSITY DRIVE~~ ~~CORAL SPRINGS FL 33067~~	~~4989 UNIVERSITY DRIVE~~ ~~CORAL SPRINGS FL 33067~~

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

REINSTATEMENT 90

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
7163 NW 65TH TERRACE	7163 NW 65TH TERRACE
Suite, Apt. #, etc.: PARKLAND	Suite, Apt. #, etc.: PARKLAND
City & State: FLA	City & State: FLA
Zip: 33067 Country: U.S.A	Zip: 33067 Country:

4. Date Incorporated or Qualified To Do Business in Florida: 08/18/1986

5. FEI Number: 59-2719531 ☐ 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	NIGLIAZZO, MARIO	4989 NW 50TH DR	CORAL SPGS FL
STD	NIGLIAZZO, JOAN CAROL	4989 NW 50TH DR	CORAL SPGS FL
			JB 11-18-96

8. Name and Address of Current Registered Agent

COYNE,EDWARD B.
9363 WEST SAMPLE ROAD
CORAL SPRING FL 33065

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

000000200942O--7
-11/20/96--01029--008
****236.23 ****236.23

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: Edward B. Coyne SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date: 11/11/96

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)(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.

X SIGNATURE: Mario N. Niglazzo SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARIO NIGLAZZO

9.2.1996 Date

954 455 4480 Daytime Phone #