

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

98 DEC 14 PM 12:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # K01299

1. Corporation Name

PBF OF FORT MYERS, INC.

Principal Place of Business

Mailing Address

12000 S CLEVELAND  
STE 1  
FORT MYERS FL 33907  
US

12000 S CLEVELAND  
STE 1  
FORT MYERS FL 33907  
US

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

2. New Principal Office Address, If Applicable  
1954-3 PARK MEADOW DR  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable  
1954-3 PARK MEADOW DR  
Suite, Apt. #, etc.

City & State  
FT. MYERS, FL.

City & State  
FT. MYERS, FL

Zip  
33907

Country  
USA

Zip  
33907

Country  
USA

REINSTATEMENT 98

4. Date Incorporated or Qualified  
To Do Business in Florida

11/02/1987

5. FEI Number

65-0023743

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
DP	FLEISHMAN, PATRICIA B.	6109 DEER RUN, S.W.	FORT MYERS FL
DST	FLEISHMAN, ARNOLD	6109 DEER RUN, S.W.	FORT MYERS FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FLEISHMAN, PATRICIA B.  
12000 S CLEVELAND  
FORT MYERS FL 33907

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

*Patricia B. Fleishman*

REGISTERED AGENT MUST SIGN

Date

12/8/98

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

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.

SIGNATURE:

*Arnold Fleishman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/8/98

Date

941-487-0135

Daytime Phone #

CR2E040 (8/98)