


PLEASE READ ALL INSTRUCTIONS BEFORE COI

FILED  
Apr 28, 2006 8:00 am  
Secretary of State

04-28-2006 90021 029 \*\*\*150.00



<b>CORPORATION</b> <b>REINSTATEMENT</b> 2006		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>L05000068192</u>			
1. Corporation Name <b>P. B. Options, LLC</b>			
2. Principal Office Address <b>1701 S. Flagler Dr.</b>		3. Mailing Office Address <b>1701 S. Flagler Dr.</b>	
Suite, Apt. #, etc. <b># 406</b>		Suite, Apt. #, etc. <b># 406</b>	
City & State <b>West Palm Beach, FL</b>		City & State <b>West Palm Beach, FL</b>	
Zip <b>33401</b>	Country <b>USA</b>	Zip <b>33401</b>	Country <b>USA</b>

20038372

CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida <b>7-11-2005</b>	
5. EIN Number <b>76-0797195</b>	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name <b>Leon Stellings</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>1701 S. Flagler Dr.</b>	
Suite, Apt. #, Etc. <b># 406</b>	
City <b>West Palm Beach, FL</b>	State Zip Code <b>FL 33401</b>

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.			
Signature of Registered Agent  REGISTERED AGENT MUST SIGN		Date <b>March 1, 2006</b>	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P.	Stellings, Leon	1701 S. Flagler Dr. #406	West Palm Beach, FL 33401
V.P.	Heard, James	7701 Pine Island Way	West Palm Beach, FL 33411
10. 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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <b>3/1/06</b> Daytime Phone # <b>(561) 452-0700</b>	