

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 # M19171

1. Corporation Name

PEBBLES INVESTMENTS, INC.

Principal Place of Business

Mailing Address

**327 Franklin Street
Hollywood, Florida 33019**

**SAME AS PRINCIPAL
PLACE OF BUSINESS**

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

2. New Principal Office Address, If Applicable

SEE ABOVE

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

SEE ABOVE

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/09/85

5. FEI Number

59-2575440

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)

| 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 |
|---------------|---|--|-------------------------------------|
| DP | MURRAY SHAPIRO | 327 Franklin Street | Hollywood, Florida 33019 |
| DST | STEVE CUIFFO | 18260 Northeast 19th. Avenue | North Miami Beach, Florida 33162 |
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*****1758.75 ***1758.75**

8. Name and Address of Current Registered Agent

**MURRAY SHAPIRO
327 Franklin Street
Hollywood, Florida 33019**

9. Name and Address of New Registered Agent

Name

SEE ITEM 8 FOR DETAILS

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Murray Shapiro

REGISTERED AGENT MUST SIGN

Date **06/02/97**

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.

SIGNATURE:

Murray Shapiro

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/02/97

Date

(954) 922-8462

Daytime Phone #

CR2040 (12/96)