

PLEASE READ ALL INSTRUCTIONS BEFORE CO

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Nov 15 1999 8:00 am
Secretary of State

DOCUMENT # **N29454**

1. Corporation Name

PARTNERS IN COMMUNITY BUILDING, INC.

Principal Place of Business

3 BEACHWAY NORTH
OCEAN RIDGE FL 33435-4616
US

Mailing Address

3 BEACHWAY NORTH
OCEAN RIDGE FL 33435-4616
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/28/1988

5. FEI Number

65-0086084

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	
1	2	3	4
PD	FINLEY, WILLIAM E	3 BEACHWAY NORTH	OCEAN RIDGE FL 33435 -12/15/99--01100--016 *****8.75 *****8.75
TD	WEST, EDWARD	5815 NW 25TH TERRANCE	BOCA RATON FL
D	CORBETT, JOHN	319 CLEMATIS ST., #200	W PALM BCH. FL
D	TENNENBAUM, ROB	1708 SHORESIDE CIR	WELLINGTON FL 33414
			000003071820--9 -12/15/99--01100--015 *****236.25 *****236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FINLEY, CHANDLER R
1645 PALM BEACH LAKES BLVD
#520
WEST PALM BEACH FL 33401

Name **WILLIAM E FINLEY**

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

3 BEACHWAY NORTH

Suite, Apt. #, Etc.

City **OCEAN RIDGE**

State **FL**

Zip Code **33435**

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

William E. Finley
REGISTERED AGENT MUST SIGN

Date **11-10-99**

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William E. Finley

Date

Daytime Phone #

11-10-99
361 736 8424

CR20040 (8/99)