

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 19 PM 7:19

DOCUMENT # N29454

1. Corporation Name

PARTNERS IN COMMUNITY BUILDING, INC.

Principal Place of Business

Mailing Address

3-BEACHWAY NORTH
OCEAN RIDGE FL 32035-4016
US

3-BEACHWAY NORTH
OCEAN RIDGE FL 32035-4016
US



REINSTATEMENT

01

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

~~105 S. NARCISSUS AVE~~

~~105 S. NARCISSUS AVE~~

Suite, Apt. #, etc.

Suite, Apt. #, etc.

200

200

City & State

City & State

WEST PALM BEACH FL

WEST PALM BEACH FL

Zip

Zip

33401

33401

Country

Country

USA

USA

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	City / State / Zip
PD	FINLEY, WILLIAM E JACOBSON, WILLIAM P	3-BEACHWAY NORTH 105 S. NARCISSUS AVE #200	OCEAN RIDGE FL 33435 W. P. B FL 33401
TD	WEST, EDWARD SALZMAN, LESTER W	5015 NW 25TH TERRANCE 2551 JARDIN TERRACE	BOCA RATON FL VESTON, FL 33327
D	GORBETT, JOHN ALLEN J SCHWAB	310 CLEMENS ST., #200 1800 PEMBROOK DR	W. PALM BCH FL ORLANDO FL 32810
D	TENNENBAUM, ROB	1700 SHORESIDE CIR	WELLINGTON FL 33414
			200004669522--5 -11/06/01--01070--008 ****236.25 ****236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FINLEY, WILLIAM E
3 BEACHWAY NORTH
OCEAN RIDGE FL 33435

Name
WILLIAM P JACOBSON
Street Address (P.O. Box Number is Not Acceptable)
105 S. NARCISSUS AVE #200
Suite, Apt. #, Etc.
SUITE 200
City
WEST PALM BEACH
State
FL
Zip Code
33401

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

REGISTERED AGENT MUST SIGN

Date

10/17/01

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)(f), 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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/17/01 833-4440