

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR :
REINSTATEMENT



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

FILED

96 DEC 23 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95000001401

Corporation Name
PERSONAL Growth Specialists, Inc.

Principal Place of Business Mailing Address
2741 W. Broward Blvd
Ft Lauderdale Florida 33312

REINSTATEMENT a

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable		3. New Mailing Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida <u>MARCH 28, 1995</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <u>650585950</u>	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	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
(P.D.)	Rose ANESTA RODNEZ	960 SW 100 terrace Pembroke Pines	FL 33025
Vice President	Nerome Simpson	960 SW 100 terrace Pembroke Pines	FL 33025
(D)	Pierrette Bothwell	15824 Plainview	Detroit MI 48223
600002038946--0 -12/27/96--01038--007 ****236.25 ****236.25 JB12-23-96			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ROSE ANESTA RODNEZ 2741 W. Broward FT LAUDERDALE FL 33312		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 Rose Anesta Rodney Date Nov 14, 1996
REGISTERED AGENT MUST SIGN

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: Rose Anesta Rodney 11/14/96 327-8100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #