PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

# APPLICATION FOR REINSTATEMENT

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

FILED
01 DEC 21 PM 4:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2001 VBR

DOCUMENT # N96000003962

1. Corporation Name

PBCOGS, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 2925 10TH AVE N<br>STE 305<br>LAKE WORTH FL 33461<br>US<br>6853 SW 18th St. # 301 Boca (561) 482-8100 | 2925 10TH AVE N<br>STE 305<br>LAKE WORTH FL 33461<br>US |

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 |
|---|---|
| 9980 Central Pk #312<br>Suite, Apt. #, etc. 6853 SW 18th St #301 | Suite, Apt. #, etc. |
| City & State Boca Raton, FL | City & State |
| Zip 33433 Country | Zip Country |

4. Date Incorporated or Qualified To Do Business in Florida: 07/29/1996

5. FEI Number: 65-0682960 ☐ 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 | 4 City / State / Zip |
|---|---|---|---|
| S | DOUGLAS, BRAD Lubetkin, David | 2925 10TH AVE N STE 305 (same) 9980 Central Pk #312 | LAKE WORTH FL 33461 Boca Raton, FL 33428 |
| DVP | JONES, DEBRA Aqua, Keith | 2925 10TH AVE N STE 305 1015 Forest Hill Suite 400 | LAKE WORTH FL 33461 West Palm Bch 33414 |
| DP | LEDERMAN, SAMUEL Whelihan, Maureen | 2925 10TH AVE N STE 305 3537 Forest Hill Blvd | LAKE WORTH FL 33461 West Palm Bch, FL 33406 |
| TD | BEIL, SUSAN Arcelin, Costal | 7301 W PALMETTO STE 103 same. | BOYNTON BEACH FL 33433 |
| | | | 000004883400 6<br>-02/06/02--01067--001<br>*****61.25 *****61.25 |
| | | | |

8. Name and Address of Current Registered Agent

MARTA, BUB
698 N ISLAND DR
GOLDEN BEACH FL 33160
Whelihan, Maureen
3537 Forest Hill Blvd
West Palm Bch, FL
33406

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State FL | Zip Code

CR2E040 (8/01)

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: Maureen Whelihan MD
REGISTERED AGENT MUST SIGN
Date: 11/19/01

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)(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:** Maureen Whelihan MD — 10/29/01 — (561) 964 5152
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Maureen Whelihan MD

11/20/01.

To Whom it may concern:

Please allow my explanation of the lapse in maintaining our non-for profit corp. I received the treasury books 11/9. The acct. were charge to my name + address, however this corporation was not. The notices have been going to the office of a physician no longer involved. He evidently did not know what it was + dismissed the ~~notfiction~~ notification. Please allow our reinstatement + we will remain diligent in our duty to keep up the record. If this is unacceptable, I will be happy to pay the additional fee.

Sincerely,

Maureen Whelihan, MD
3537 Forest Hill Blvd
W. Palm Bch, FL
33406.
(561) 964-5152.