

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 FEB -6 AM 8:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N96000003962**

1. Corporation Name

PBC OGS INC

500088068415
02/13/07--01013--007 **358.75

2. Principal Office Address - No P.O. Box #

3600 Forest Hill

Suite, Apt. #, etc.

Suite 1

City & State

W PALM BEACH FL

Zip

33406

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

1996

5. FEI Number

050682960

Applied For

Not Applicable

6. Certificate of Status Desired

75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Michelle Beck Torres PA

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

3600 Forest Hill Blvd

Suite, Apt. #, Etc.

Suite 1

City

W Palm Beach

State

FL

Zip Code

33406

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Michelle Beck Torres

Date **1/23/07**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Michelle Beck Torres	SUITE #1 3600 Forest Hill W Palm FL 33406	FL 33406
Vpres	Roberta Riley	1515 FLAGLER #700 WP 33401	WP FL 33401
Treas	Gloria Haukanan	4671 S CONGRESS 100B	LW FL 33401

10. 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 contained in Chapter 119, 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: **Michelle Beck Torres**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1/27/07** 561-791-1748
Daytime Phone #