

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

02 DZ

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P00000002296**

1. Corporation Name

PGF CONSULTANTS & EDUCATIONAL SYSTEMS, INC.

Principal Place of Business

**642 OLENADER DRIVE
HALLANDALE BEACH FL 33009**

Mailing Address

**642 OLENADER DRIVE
HALLANDALE BEACH FL 33009**

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

01/07/2000

5. FEI Number

65-0975745

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	FLEISHER, PAUL G D.D.S.	642 OLENADER DRIVE	HALLANDALE BEACH FL 33009

700008733187
10/31/02--01101--002 **150.00

8. Name and Address of Current Registered Agent

**FLEISHER, PAUL G D.D.S.
642 OLENADER DRIVE
HALLANDALE BEACH FL 33009**

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

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date **10/29/02**

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **10/29/02** Daytime Phone #

CR2E040 (8/02)

**P
G
F** Consultants
and Educational
Systems, Inc.

10/29/02

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Reinstatement of Corporation

Gentlemen,

I have just recently returned home to find your Dissolution of Corporation notice. I was truly shocked, because I truly have not received any prior notice to deal with this. I could understand an error on my part if I had secretaries, ect., but I don't. And the address of your mailing is my home. In other words, I get the mail, and I'm not quite dumb enough to miss this twice (especially when this is so important me).

I just frantically got off the phone with one of your representatives and he told me to send in the reinstatement form with a true explanation and a check for \$150.00. If there is a problem with this please inform me ASAP and I'll do what is necessary to make the corrections. Again, if this is from my mistake, I'm sorry, but please accept my check and reinstate the corporation. Thank you.

Sincerely,



Dr. Paul G. Fleisher