

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim [Signature]
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 DEC 13 AM 8:01

DOCUMENT # P00000096652

1. Corporation Name

PFB ENTERPRISES, INC.

Principal Place of Business

731 LOGAN BLVD.
NAPLES FL 34119

Mailing Address

731 LOGAN BLVD.
NAPLES FL 34119



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

4. Date Incorporated or Qualified
To Do Business in Florida

10/13/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1051504

Applied For

Not Applicable

City & State

City & State

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	BUSCHE, PATRICIA J	731 LOGAN BLVD. S	NAPLES FL 34119

P000009502497
12/13/02--01033--006 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~BUSCHE~~
BUSCHE, PATRICIA J.
731 LOGAN BLVD. S.
NAPLES FL 34119

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. or 617.0505, F.S.

Signature of
Registered Agent

Patricia J. Busche
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

11-25-02

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:

Patricia J. Busche
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-25-02

CR2040 (8/02)

PFB ENTERPRISES, INC.

**731 Logan Blvd. S
Naples, FL 34119-3901
239-354-0284**

November 25, 2002

Division of Corporations
Annual Report/Reinstatement Section
P. O. Box 6327
Tallahassee, FL 32314-6327

Dear Sir or Madam:

I was surprised when I received this notice to dissolve my corporation. I mailed a check and completed form on April 29, 2002 to the Division of Corporations Annual Report. I checked my bank and bank statements and found that my check had not cleared the bank. I am sending another check along with this form and hope that you would reinstate my corporation. I have since purchased a business and found out also at the same time I got this notice that the corporation was dissolved and had to buy the business personally. I would like to have this business as a dba to my corporation.

Thank you for your consideration and prompt attention to this matter.

Sincerely,



Patricia J. Busche, President
PFB Enterprises, Inc.