

**2005 FOR PROFIT CORPORATION
REINSTATEMENT**

DOCUMENT # P01000031797			
1. Entity Name PNS BUSINESS INC.			
Principal Place of Business 5903 NW FAVIAN AVE. PT. ST. LUCIE, FL 34986		Mailing Address 5903 NW FAVIAN AVE. PT. ST. LUCIE, FL 34986	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-1093645		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PATEL, CHANDRESH 5903 NW FAVIAN AVE. PT. ST. LUCIE, FL 34986		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE 7/27/05 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATEL, BAKUL 5903 NW FAVIAN AVE. PT. ST. LUCIE, FL 34986 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 900060244439 10/05/05--01010--002 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATEL, CHANDRESH 5903 NW FAVIAN AVE. PT. ST. LUCIE, FL 34986 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		9/27/05 Date-time Phone #	

FILED

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SECRET
TALLAHASSEE, FLORIDA

REINSTATEMENT 2005

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