

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000105517

1. Corporation Name

PCA Holdings Corp.

2. Principal Office Address - No P.O. Box #
695 Rancocas Rd

Suite, Apt. #, etc.

City & State
Westampton, NJ

Zip **08060** Country **USA**

3. Mailing Office Address
695 Rancocas Rd

Suite, Apt. #, etc.

City & State
Westampton, NJ

Zip **08060** Country **USA**

7. Name and Address of Current Registered Agent

Name
Layn Offenberger

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

300 NW 82nd Avenue

Suite, Apt. #, Etc.
7th Floor

City
Plantation

State **FL** Zip Code **33324**

4. Date Incorporated or Qualified
To Do Business in Florida **11/01/2001**

5. FEI Number
223596898

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

☐ 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

Layn Offenberger

REGISTERED AGENT MUST SIGN

Date **12/06/2007**

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
P/D	Adam S. Cohen	695 Rancocas Rd	Westampton/NJ/08060
V/D	Matthew M. Phillips	695 Rancocas Rd	Westampton/NJ/08060
S	Howard A Enders	695 Rancocas Rd	Westampton/NJ/08060

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:

Howard A Enders

Howard A Enders

12/06/2007

8005589533

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

2007 DEC 10 AM 8:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT
CR2E081 (1/07)

DEC 10 2007