

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 SEP 22 AM 8:00

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000112138

1. Corporation Name

P.B.G. WHOLESALE, INC.

REINSTATEMENT 02-03

2. Principal Office Address

20533 BISCAYNE BLVD

Suite, Apt. #, etc.

459

City & State

AVONTEURA

Zip

33180

Country

USA

3. Mailing Office Address

20533 BISCAYNE BLVD

Suite, Apt. #, etc.

459

City & State

AVONTEURA

Zip

33180

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

11/21/01

5. FEI Number

65-1155259

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

BRIAN DRATT

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

2301 NW 33RD CT

Suite, Apt. #, Etc.

SUITE 115

City

POMPAHO BEACH

State

FL

Zip Code

33069

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

B. Dratt

Date

9/18/03

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
VP	DENNIS KUZNETZ	2301 NW 33RD CT SUITE 115	POMPAHO BEACH FLORIDA 33069
P	BRIAN DRATT	203 EAST HILLS BOULEVARD	DEERFIELD BEACH FLORIDA 33441

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 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:

B. Dratt BRIAN DRATT

9/18/03

Date

561-411-1546

Daytime Phone #

CR2E081 (10/02)