

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 MAY 10 AM 7:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000117803**
1. Corporation Name **PBB ENTERPRISES, INC**

REINSTATEMENT 03-04

2. Principal Office Address 3602 NW 23rd CT		3. Mailing Office Address 3602 NW 23rd CT	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State BOCA RATON, FL		City & State BOCA RATON, FL	
Zip 33431	Country USA	Zip 33431	Country USA

400035830084
05/10/04--01105--010 **908.75

4. Date Incorporated or Qualified To Do Business in Florida **12/12/2001**

5. FEI Number 651159045	Applied For Not Applicable
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6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

TL

7. Name and Address of Current Registered Agent

Name **COLEMAN, ANTHONY G JR**

Street Address (P.O. Box Number is Not Acceptable)
3275 W HILLSBORO BVD

Suite, Apt. #, Etc.
SUITE 207

City **Deerfield Beach** State **FL** Zip Code **33442**

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 **Anthony G. Coleman** Date **5-07-04**
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
PRES	ROBERT ILLIETO	3602 NW 23rd CT	BOCA RATON, FL 33431

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: **Robert Illieto** Date **5-7-04** Daytime Phone # **561-715-7000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR25001 (07/04)