

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 NOV 14 AM 8:00

DOCUMENT # P02000026612

1. Corporation Name

Personalized Building & Management, Inc.

2. Principal Office Address

4000 Ponce De Leon Blvd

Suite, Apt. #, etc.

Suite 450

City & State

Coral Gables, FL

Zip

33146

Country

US

3. Mailing Office Address

4000 Ponce De Leon Blvd

Suite, Apt. #, etc.

Suite 450

City & State

Coral Gables, FL 33146

Zip

33146

Country

US

REINSTATEMENT 03

4. Date Incorporated or Qualified To Do Business in Florida

3/8/2002

5. FEI Number

03-0402416

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

Ximena Berrios

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

4000 Ponce De Leon Blvd, Suite 450

Suite, Apt. #, Etc.

Suite 450

City

Coral Gables

State

FL

Zip Code

33146

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

Ximena Berrios

Date

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
P	Robert Kelly McManis	4000 Ponce De Leon Blvd, Suite 450	Coral Gables, FL 33146

500024704045
11/14/03--01031--013 **750.00

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 Kelly McManis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-12-03 305-987-5765

Daytime Phone #

CR2E081 (10/02)