

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 MAR 31 AM 8:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

P02-60249

1. Corporation Name

PBS & Associates, Corp.

200031562452  
03/31/04--01048--006 \*\*308.75

REINSTATEMENT 03-04

2. Principal Office Address

10150 Highland Manor

3. Mailing Office Address

P.O. Box 20083

Suite, Apt. #, etc.

200

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

TAMPA, FL

Zip

33610

Country

USA

Zip

33622

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

May 2002

5. FEI Number

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

Darryl L. Simpson, SR.

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

6404 Rosewood Dr.

Suite, Apt. #, Etc.

City

TAMPA

State  
FL

Zip Code

33615

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

1-26-04

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	Darryl Simpson	6404 Rosewood Dr.	Tampa, FL 33615

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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:

*[Signature]*

Date

Daytime Phone #

1-26-04 813-3142187

CR2001 (10/02)

**Department of State  
Corporation Division  
PO Box 6327  
Tallahassee, FL 32314**

January 26<sup>th</sup>, 2004

Attention: **JUDY SADLER**

Re: PBS & Associates Corp.  
PO Box 20083  
Tampa, FL 33622-0083  
File Number#: P02000060219

To Whom It May Concern:

I Darryl Simpson, Sr. did not receive the 2003 annual filing report notice. I have enclosed the payment for 2003 & 2004 per our conversation. It came to my attention after looking online that my Corporation was administratively dissolved. Please allow me to straighten this matter out so that my company is in good standings again.

Sincerely,

A handwritten signature in black ink, appearing to read 'Darryl L. Simpson, Sr.', with a long horizontal flourish extending to the right.

Darryl L. Simpson, Sr.  
Registered Agent & President