

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR 11 AM 9:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000122767

1. Corporation Name

P.P.B.Solutions, Inc

2. Principal Office Address

3041 Bloomsbury Dr

3. Mailing Office Address

3041 Bloomsbury Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Kissimmee, FL

City & State

Kissimmee, FL

Zip

34747

Country

USA

Zip

34747

Country

USA

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

5. FEI Number

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

200030252832
03/11/04--01004--015 **300.00

REINSTATEMENT

03-04

7. Name and Address of Current Registered Agent

Name

Ahmedou Laghzale

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

14900 E Orange Lake Blvd

Suite, Apt. #, Etc.

305

City

Kissimmee

State
FL

Zip Code
34747

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

Ahmedou Laghzale
REGISTERED AGENT MUST SIGN

Date

03/06/04

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 |
|--------|--------------------------------------|---|--------------------|
| P | Ahmedou Laghzale | 14900 E Orange Lake Blvd # 305 | Kissimmee, FL |
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2008 (01/04)

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P.P.B SOLUTIONS, INC

2 of 2

March 9, 2004

Uniform Business Report
Division of Corporations
P.O Box 1500
Tallahassee, FL 32302-1500

Dear Sir or Madam:

I am writing this letter in reference to the uniform business report that was due to be filed by September of 2003. I spoke to a representative in the division of corporation regarding why I had not filed the form before to the deadline. I explained that I did not know that this form needed to be submitted nor did I receive the packet in the mail. I was told by the representative to submit the completed form along with a letter of explanation justifying the reason why I failed to complete the form in a timely manner. Attached you will find the completed business form and also a check for the original filing fee amount.

Sincerely,



Ahmedou Laghzale
President of PPBSolutions