

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

06 MAR 29 PH 3:24

DOCUMENT # **P030000021587**

1. Corporation Name

PGS Publications, Inc

2. Principal Office Address
505 W. Palm Aire Dr

Suite, Apt. #, etc.

City & State
Pompano Beach, FL

Zip
33069

Country
usa

3. Mailing Office Address
P O Box 66871

Suite, Apt. #, etc.

City & State
Pompano Beach, FL

Zip
33066

Country
usa

REINSTATEMENT 04-06

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida **2/21/2003**

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 **Walter E. Suppell**

Street Address (P.O. Box Number is Not Acceptable)
505 W. Palm Aire Dr

Suite, Apt. #, Etc.

City **Pompano 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

Walter E. Suppell

REGISTERED AGENT MUST SIGN

Date **11/18/06**

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
ptd	Walter E. Suppell	505 W. Palm Aire Dr	Pompano Beach, FL
vsd	Patricia L. Suppell	505 W. Palm Aire Dr	Pompano Beach, FL

100069641821
04/08/06--01049--004 **450.00

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 contained in Chapter 119, 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:

Walter E. Suppell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/18/06

Date

954 975 4730

Daytime Phone #

PGS Publications, Inc.
Walter Suppell, President
P.O.Box 666871
Pompano Beach, FL 33066

Division of Corporations
Department of State
P. O. Box 6327
Tallahassee, FL 32314

Dear Sir/Madam:

Transmitted herewith is a Corporate Reinstatement Form completed for this Subchapter S Corporation, after it was administratively dissolved by the State for failure to file annual reports.

The corporation moved shortly after being created, and so no one received any notices of failure to file. The address listed above is the mailing address for PGS Publications and the physical address is listed on the form.

Enclosed you will find a corporate check for \$450. That was the amount I was instructed to pay when I phoned to inquire about the situation.

I have also emailed your office to file a change of address for PGS Publications, Inc.

Sincerely,



Walter Suppell
President
PGS Publications
305 308 0865