

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

08 NOV 12 AM 9:45

DOCUMENT # P03000148567

1. Corporation Name

P BRS Inc

2. Principal Office Address - No P.O. Box #

780 Coachlight Dr

Suite, Apt. #, etc.

3. Mailing Office Address

2529 Modac Tr

Suite, Apt. #, etc.

City & State

Casselberry, Florida

City & State

Winter Park, Fl

Zip

32730

Country

USA

Zip

32789

Country

CR2E081 (10/08)

4. Date Incorporated or Qualified
To Do Business in Florida

12/10/2003

5. FEI Number

56-2415150

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

Yvonne A. Cox

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

2529 Modac Trail

Suite, Apt. #, Etc.

City

Winter Park

State

FL

Zip Code

32789

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Yvonne A Cox

REGISTERED AGENT MUST SIGN

Date 11/6/2008

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
D	Yvonne A. Cox	2529 Modac Trail	Winter Park, Fl 32789
D	Polly A. medlin	780 Coachlight Dr	Casselberry, Fl 32730

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:

Yvonne A Cox - Yvonne A. Cox

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/6/2008

Daytime Phone #

407-644-7893