

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000134392

1. Entity Name
PHB CONSULTING, INC.



FILED

07 JUN 21 PM 3: 52

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

Principal Place of Business
33 EAST CAMINO REAL
APT. 213
BOCA RATON, FL 33432 US

Mailing Address
33 EAST CAMINO REAL
APT. 213
BOCA RATON, FL 33432 US

2. Principal Place of Business - No P.O. Box #

1536 SE 15TH CT

Suite, Apt. #, etc.
APT 107

City & State
DEERFIELD BEACH FL

Zip
33441

Country
US

3. Mailing Address

1536 SE 15TH CT

Suite, Apt. #, etc.
APT 107

City & State
DEERFIELD BEACH FL

Zip
33441

Country
US



060 REINSTATEMENT 06-07

4. FEI Number
20-1721187

Applied Fee
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MILLER, JOHN P
2499 GLADES ROAD
SUITE 305A
BOCA RATON, FL 33431

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

JOHN P. MILLER

6/1/07

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
BATTSON, PAUL H
33 EAST CAMINO REAL APT. 213
BOCA RATON, FL 33432 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
200704011752
06/21/07 -01045 001 \$300.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #