

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 SEP 18 AM 8:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000071611

1. Corporation Name

PBS, INC. COMMUNITY RESIDENTIAL HOME

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

48 HENDRICKS ISLE

Suite, Apt. #, etc.

UNIT 501

City & State

FT LAUDERDALE, FL

Zip

33301

Country

USA

3. Mailing Office Address

48 HENDRICKS ISLE

Suite, Apt. #, etc.

UNIT 501

City & State

FT LAUDERDALE, FL

Zip

33301

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

05/22/06

5. FEI Number

20-4925507

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

SHIRLEY GALLAGHER

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

48 HENDRICKS ISLE

Suite, Apt. #, Etc.

UNIT 501

City

FT LAUDERDALE

State

FL

Zip Code

33301

☒ 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

REGISTERED AGENT MUST SIGN

Date 9-5-2008

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
P/D	SHIRLEY GALLAGHER	48 HENDRICKS ISLE, #501	FT LAUDERDALE, FL 33301

REINSTATEMENT

07-08 KS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-5-2008 954 817-6107

Date

Daytime Phone #

September 5, 2008

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

Re: PBS, Inc. Community Residential Home
48 Hendricks Isle, #501
Ft. Lauderdale, FL 33301
EIN 20-4925507
Document # P06000071611

To Whom It May Concern:

We are kindly requesting reinstatement of PBS, Inc. Community Residential Home. We are also asking for wavier of the reinstatement fee due to the fact that the annual report notices were never received by the corporation. The Department of State has an incorrect address of PBS, Inc. Community Residential Home on file, which made the mail to be undeliverable.

We are enclosing a check in the amount of \$300.00, which covers the fees for year 2007 and 2008.

Sincerely,



Shirley Gallagher
President