

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P09000076355**

1. Corporation Name

PMB Landscaping and Painting

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

820 NW 110th

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Zip

Country

Zip

Country

33168

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

27-0966827

☐ 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

Pierre Max Beaubrun

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

820 NW 110th

Suite, Apt. #, Etc.

City

miami FL

State

FL

Zip Code

33168

S. HAWKES

DEC 30 2010

EXAMINER

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

PBeauBrum

Date **12-26-10**

REGISTERED AGENT MUST SIGN

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	Bethania Beaubrun	820 NW 110th	miami FL 33168

10. E-mail Address: **missbeeb@gmail.com**

(To be used for future annual report notification)

11. 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. I further certify, 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: **PBeaubrun**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/26/10 954-604-8330

Date

Daytime Phone #

REINSTATEMENT
2010

000189098790
12/29/10--01033--017 **500.00

000189098790
12/29/10--01033--018 **250.00

CR2E081 (6/10)

FILED
10 DEC 30 PM 2:39