

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PS 182

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JUN 27 PM 2:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000011491

1. Corporation Name

PBG GOLD PLATING, INC.

19300 HOLIDAY ROAD
420 S. DIXIE HWY

2. Principal Office Address

19300 HOLIDAY ROAD

Suite, Apt. #, etc.

3. Mailing Office Address

420 S. DIXIE HWY

Suite, Apt. #, etc.

2K

City & State

MIAMI, FL

City & State

CORAL GABLES, FL

Zip

33157

Country

U.S.A.

Zip

33146

Country

U.S.A.

**4. Date Incorporated or Qualified
To Do Business in Florida 1993**

5. FEI Number
65-0396780

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

4/25/03 90232 002 150.00
5/12/04 90205 033 150.00

7. Name and Address of Current Registered Agent

Name

EDWARD S LOCASCIO

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

420 S. DIXIE HWY

Suite, Apt. #, Etc.

2K

City

CORAL GABLES

State

FL

Zip Code

33146

REINSTATEMENT 03-84

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 06/08/04

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
PD	PETER GROSS	19300 HOLIDAY ROAD	MIAMI, FL 33157

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 under section 119.07(3)(i), 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

X 6-8-04

Date

305-298-1226

Daytime Phone #

CR2E081 (01/04)

tu

10 27 2

EDWARD S. LOCASCIO, P.A.

420 SOUTH DIXIE HWY., SUITE 2K
CORAL GABLES, FLORIDA 33146

TELEPHONE (305) 665-8020
FACSIMILE (305) 665-2914

June 8, 2004

To Whom It May Concern: (Andy Dunlap)/ (Tina Roberts)

Please waive the reinstatement fee.

You have the filling fees for 2003 / 2004 and \$150.00 per year (total \$300.00), see your attached 05/25/04 letter. Please reinstate this corporation and waive the reinstatement fee of \$600.00 do to the error.

Did not receive report rejected 05/02/03.

If you have any questions, feel free to call R/A Ed Locascio.

Sincerely,



Edward S. Locascio C.P.A.

C.P.A.