

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF REVENUE
Sandra B. Morone
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 NOV -3 PM 5:45

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P93000027001

1. Corporation Name
PFS, INC.

Principal Place of Business
4822 N.W. 2ND AVE.
BOCA RATON FL 33431

Mailing Address
4822 N.W. 2ND AVE.
BOCA RATON FL 33431



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04/13/1993	
City & State		City & State		5. FEI Number 65-0411689	
Zip		Country		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	SHEEHAN, PAUL	428 PLAZA REAL, APT 616	BOCA RATON FL 33431

800002340508--9
11/06/97 01089 004
****165.00 ****165.00

8. Name and Address of Current Registered Agent

BOSTICK, CAMILLA
124 MARINE WAY
#14
DELRAY BEACH FL 33483

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State FL	Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent _____ Date _____
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information on intangible tax.)

12. 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

PAUL SHEEHAN

10-30-97 (56) 394-3711
Date Daytime Phone #

CR2E040 (8/97)

P.F.S. INC (ID# 65-0411689)

10/30/97 (2)

4822 NW 2ND AVE.

BOCA RATON, FL.

33431

DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

409 E. GAINES ST

TALLAHASSEE, FL.

32399

TO WHOM IT MAY CONCERN,

ENCLOSED IS THE ANNUAL CORPORATE REPORT FOR MY CORPORATION, P.F.S., INC., ID# 65-0411689. I DID NOT RECEIVE THE ORIGINAL ANNUAL CORPORATE REPORT SO THAT I COULD FILE TIMELY AND THEREFORE AM JUST NOW SUBMITTING THE FORM WHICH I JUST RECEIVED. THE MAILED ENVELOPE THAT I RECEIVED HAS "RETURN TO SENDER" MARKED ON IT TWICE AS WELL AS AN "X" OVER MY ADDRESS.

PLEASE ACCEPT THIS REPORT AS MY ORIGINAL AS WELL AS THE ENCLOSED CHECK FOR \$165.00 TO SATISFY ALL REQUIREMENTS NECESSARY FOR ACTIVATION OF MY CORPORATION, P.F.S., INC.

THANK YOU.

S. N. PEREIRA,