

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 JAN 26 PM 3:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000040829

1. Corporation Name

P+P Management, Inc.

800065567758

02/10/06--01022--012 \*\*450.00

**REINSTATEMENT**

CR2E081 (12/05)

04-06

2. Principal Office Address

20877 Escudo Dr

Suite, Apt. #, etc.

3. Mailing Office Address

20877 Escudo Dr

Suite, Apt. #, etc.

City & State

Boca Raton, FL

City & State

Boca Raton, FL

Zip

33433

Country

Palm Beach

Zip

33433

Country

Palm Beach

4. Date Incorporated or Qualified  
To Do Business in Florida

6/10/93

5. FEI Number

650448985

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

Jeffrey Unger

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

20877 Escudo Dr

Suite, Apt. #, Etc.

City

Boca Raton, FL

State

FL

Zip Code

33433

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

Date 1/24/06

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
DPT	Jeffrey Unger	20877 Escudo Dr	Boca Raton, FL 33433
DVS	Sheryl Unger	20877 Escudo Dr	Boca Raton, FL 33433

1/30

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

Jeffrey Unger

Date

1/24/06

Daytime Phone #

561 574 0115

**P & P Management Inc.  
20877 Escudo Dr.  
Boca Raton, Fl 33433  
561-514-0115**

January 24, 2006

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

Re: Reinstatement of P & P Management

Dear Sirs:

When I changed the address on my Corporation on September 3, 2003, only the Principal address and address of the registered agent were changed. Unfortunately, the mailing address was never changed and I never received the documents for the State Of Florida Annual Corporate filings.

Enclosed are the reinstatement form and a check in the amount of \$450.00 for the years 2004, 2005 and 2006. We kindly asked for a waiver of the reinstatement fees.

We wait for your response.

Thank You,



Jeffrey Unger  
President  
P & P Management, Inc.