

APPLICATION
FOR
REINSTATEMENT



Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P94000036954

1. Corporation Name

P.C.R. ENTERPRISES, INC.

Principal Place of Business

24195 SW 31TH PL
HALLANDALE FL 33009
US

Mailing Address

24195 SW 31TH PL
HALLANDALE FL 33009
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

- Zip

Country

=Zip

=Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/12/1994

5. FEI Number

Applied For__

65-0491083

Not Applicable

6. **CERTIFICATE OF STATUS DESIRED** ☐ **\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	ROY, PATRICK	2419 SW 31ST PLACE	HALLANDALE FL 33009
			900024058029 10/23/03--01092--005 **236.25
			900024058029 01/15/04--01023--009 **513.75
			900024058029 01/15/04--01023--010 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ALL ONE INSURANCE
6127 STIRLING ROAD
DAVIE FL 33314

Name _____

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

~~= Suite - Apt. # - Etc.~~

City

State
FI

Zip Code	
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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. or 617.0505, F.S.

Signature of
Registered Agent

Date _____

REGISTERED AGENT MUST SIGN

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 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

Date _____

Daytime Phone #