

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

APPROVED
AND
FILED

02 MAR 25 PM 4:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

4. Date Incorporated or Qualified
To Do Business in Florida

05/12/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0491083

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	ROY, PATRICK	2419 SW 31ST PLACE OK	HALLANDALE FL 33009

900005281999--3
-04/16/02--01035--014
*****300.00 *****300.00

8. Name and Address of Current Registered Agent

ALL ONE INSURANCE
6127 STIRLING ROAD
DAVIE FL 33314

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

Patrick Roy
REGISTERED AGENT MUST SIGN

Date March 20/2002

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: PATRICK ROY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

March 120/2002

2052

P.C.R. ENTERPRISES INC

2419 S.W. 31st PLACE
HALLANDALE FL 33009
T:954-965-0925
F:954-965-0487

March/20/2002

Florida Department of state
Division of Corporations

Sear , for the reinstatement , I never received the the form for Reno my

corporation Maybe because you didn't have the right address, for mailing.

On the top of the form you wroth 24195 SW 31th place Hallandale F L 33009

My address is:2419 SW 31th place Hallandale FL 33009

I will send you a checkof \$ 300.00 and the form.

Patrick Roy President

