

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 21 PM 1:23

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P95000027192

1. Corporation Name

PC BUSINESS CLINIC, CORP

Principal Place of Business

Mailing Address

3256 NW 72 AVE
MIAMI FL 33122

15141 SW 42 TERRACE
MIAMI FL 33185

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

3272 NW 72 AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami FL

Zip Country

Zip Country

33122

Dade

REINSTATEMENT



400023958824

10/21/03--01017--008 **150.00

4. Date Incorporated or Qualified
To Do Business in Florida

04/03/1995

5. FEI Number

65-0570127

Applied For

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
PCEO	BARRANCO, WILLIAM	15141 SW 42 TERRACE	MIAMI FL 33185
VP	SANDINO, JOSE A	2282 W 74 TERRACE	HIALEAH FL 33016

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BARRANCO, WILLIAM
15141 SW 42 TERRACE
MIAMI FL 33185

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10/13/03

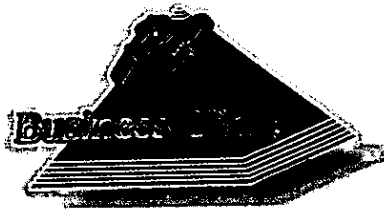
11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the 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:

William Barranco
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/13/03 (305) 499-9399
Date Daytime Phone #

CR2E040 (7/03)



October 14, 2003

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

To Whom It May Concern:

I am writing this letter and enclosing a check for \$150.00 for the reinstatement of our Corporation as per your instructions. We did not receive prior notice other than the Administrative Dissolution or Revocation notice. This is an active corporation and it is not our intent to dissolve it.

We would greatly appreciate your waiving the reinstatement fee due to the fact that we did not receive prior notice.

Thanking you I remain,

Cordially,

William Barranco
President