

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000027888

1. Corporation Name

PCF PARTNER'S, INC.

FILED

96 DEC 30 AM 9:28

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business

Mailing Address

~~1304 SW 160TH AVENUE STE 225~~  
~~FORT LAUDERDALE FL 33328~~

1304 SW 160TH AVENUE STE 225  
FORT LAUDERDALE FL 33328



REINSTATEMENT *9600*

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

04/05/1995

Suite, Apt. #, etc.

7929 PINES BLVD

Suite, Apt. #, etc.

City & State

PEMBROKE PINES, FL

City & State

Zip

33024

Country

US

Zip

Country

5. FEI Number

85-0577334

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$3.75 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 PRES.	DAVID Q. HILL	1143 WATERVIEW LN FT. LAUD. FL.	FT. LAUD. FL 33326
V V.P.	RICHARD B. ROGERS	13240 STIRLING RD	DAVIE, FL 33330

000002046020--0  
-01/03/97--01179-020  
\*\*\*375.00 \*\*\*375.00

8. Name and Address of Current Registered Agent

HILL, DAVID Q  
1304 SW 160TH AVENUE STE 225  
FORT LAUDERDALE FL 33328

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

*David Q. Hill*  
REGISTERED AGENT MUST SIGN

Date

9/30/96

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. 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)(f), 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:

*David Q. Hill*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/30/96  
Date

954 9A3 7776  
Daytime Phone #