

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 APR 13 AM 9:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000046756

**1. Corporation Name**

PEB Services Corporation

**2. Principal Office Address**

5801 Mayo Street

Suite, Apt. #, etc.

City & State

Hollywood FL

Zip

33023

Country

**3. Mailing Office Address**

5801 Mayo Street

Suite, Apt. #, etc.

City & State

Hollywood FL

Zip

33023

Country

REINSTATEMENT 98-04

**4. Date Incorporated or Qualified  
To Do Business in Florida**

6/12/95

**5. FEI Number**

NONE

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

PAUL E. Bonge

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

5801 Mayo Street

Suite, Apt. #, Etc.

City

Hollywood FL

State

FL

Zip Code

33023

**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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date April 6 2004

**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
D	Paul E. Bonge	2950 S. Flamingo Rd	Davie FL 33330

200032631572  
04/13/04 01086 018 \*\*1950.00

**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 under section 119.07(3)(l), 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 6 2004 (954) 981-2663  
Date Daytime Phone #

CP25081 (10/02)