

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

97 JAN -6 AM 8:53

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P95000050808

1. Corporation Name

PBP, INC.

Principal Place of Business

4010 VANA DR.
SARASOTA FL 34241

Mailing Address

PO BOX 193
SARASOTA FL 34230

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/29/1995

5. FEI Number

65-0605123

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PTD	MAPP, F. TIMOTHY	4010 VANA DR.	SARASOTA FL 34241
VSD	MAPP, PAULA J	4010 VANA DR.	SARASOTA FL 34241

300002052963--9
-01/09/97--01091-012
****375.00 ****375.00

8. Name and Address of Current Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name TIMOTHY MAPP
Street Address (P.O. Box Number is Not Acceptable)
4010 VANA DR.
Suite, Apt. #, Etc.
SARASOTA
City SARASOTA State FL Zip Code 34241

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

F. Timothy Mapp
REGISTERED AGENT MUST SIGN

Date

12/30/96

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)(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:

F. Timothy Mapp

12/30/96 (941) 377-4484