

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
JUL 16 PM 6:31  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000090985

1. Corporation Name

**PB Affordable Transportation, Inc.**

Principal Place of Business

Mailing Address

**624 S. Military Trail same  
West Palm Beach, FL 33415**

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

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

7. Names and Street Addresses of Each Officer and or Director (Florida nonprofit corporations must list at least 3 directors)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P/D	David H. Brotman	624 S. Military Trail	West Palm Beach, FL 33415
T/S/D	Michael Brotman	624 S. Military Trail	West Palm Beach, FL 33415
VP/D	Carlos A. Datena	624 S. Military Trail	West Palm Beach, FL 33415

**REINSTATEMENT 97-99**  
4 Date Incorporated or Qualified To Do Business in Florida **11/28/95**  
5 FEI Number: **65-0628013** Applied For Not Applicable  
6 CERTIFICATE OF STATUS DESIRED  **\$8.75 Additional Fee required for a Certificate of Status**

900002942459--6  
-07/27/99--01023--015  
\*\*\*1050.00 \*\*\*1050.00

8. Name and Address of Current Registered Agent

**Stanley Hyman  
224 Datura Street, Ste. 1417  
West Palm Beach, FL 33401**

9. Name and Address of New Registered Agent

Name **Michael Brotman**  
Street Address (P.O. Box Number is Not Acceptable) **624 S. Military Trail**  
Suite, Apt. #, Etc  
City **West Palm Beach** State **FL** Zip Code **33415**

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

REGISTERED AGENT MUST SIGN

Date

**7/9/99**

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

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. and all taxes 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/9/99**

**561-478-0361**

Date: Digitize Phone #

CR2E001 (12/98)