

FLORIDA DEPARTMENT OF
TAXATION
1649
and B. C. C. C.
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P AND C PURCHASING SERVICE, INC.

19301 GULFSTREAM ROAD
MIAMI FL 33157-7808

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

Country

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)

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
PD	DESNOYERS, PATRICK J	19301 GULFSTREAM ROAD	MIAMI FL 33157
VSTD	MOISE, CHANTAL	19301 GULFSTREAM ROAD	MIAMI FL 33157

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name Spiegel & Utrera P.A.
Street Address (P.O. Box Number is Not Acceptable)
343 Almeria Avenue
Suite, Apt. #, Etc.

City Coral Gables

State FL	Zip Code 33134
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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

NOTICE REQUIRED
LAWRENCE V. SPIEGEL, ESQ. Date _____
 REGISTERED AGENT MUST SIGN

1/18/99

11. This corporation owes or has paid 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., 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/99 305-234-8180
Date Daytime Phone #

(2)

P & C Purchasing Service, Inc.
19301 Gulfstream Road
Miami, Florida 33157-7808
Phone: (305) 234-8180, Fax: (305) 234-8181
e-mail: pdesnoye@ix.netcom.com

January 12, 1998

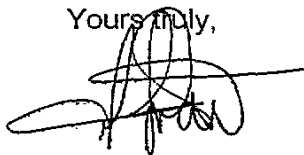
Florida Department of State
Reinstatement Division
Tallahassee, Florida

Gentlemen:

On January 4th, 1999, I received a notice from your office stating that our corporation has been dissolved for not returning a Profit Corporation Annual Report. I could not have returned it on time since I did not have it. Further a phone conversation with an Examiner this morning, I am submitting this letter as well as the Application for reinstatement and the regular fees of \$300.00 for last year and this year's filing.

I apologize for any inconvenience this may have caused and would like to be advised if there is another way future fees can be sent even if the form is not received from your office.

Yours truly,



Patrick J. Desnoyers
President
P & C PURCHASING SERVICE, INC.