

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 # P97000057257

1. Corporation Name

PPBI, INC.

Principal Place of Business

730 SANCTUARY COVE DRIVE
NORTH PALM BEACH FL 33410

Mailing Address

730 SANCTUARY COVE DRIVE
NORTH PALM BEACH FL 33410

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

2. New Principal Office Address, If Applicable

931 VILLAGE BLVD
Suite, Apt. #, etc. 905-505

City & State
WEST PALM BEACH FL
Zip 33409

3. New Mailing Office Address, If Applicable

931 VILLAGE BLVD
Suite, Apt. #, etc. 905-505

City & State
WEST PALM BEACH FL
Zip 33409

90 MAR -5 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 98-99

4. Date Incorporated or Qualified
To Do Business in Florida

06/30/1997

5. FEI Number

☒ 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)

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	SENGER, JEFFREY RAY	730 SANCTUARY COVE DRIVE	NORTH PALM BEACH FL 33410
PD	SENGER, JEFFREY, RAY	931 VILLAGE BLVD 931-505	WEST PALM BEACH FL 33409

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-03/09/99 -01055-022
****908.75 ****908.75

73 3/5/99

8. Name and Address of Current Registered Agent

SENGER, JEFFREY
730 SANCTUARY COVE DRIVE
NORTH PALM BEACH FL 33410

9. Name and Address of New Registered Agent

Name: JEFFREY SENGER
Street Address (P.O. Box Number is Not Acceptable)
931 VILLAGE BLVD # 905-505
Suite, Apt. #, Etc. # 905-505
City: WEST PALM BEACH
State: FL Zip Code: 33409

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #