

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

00 OCT 18 AM 10:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000093957

1. Corporation Name

PEBBLES WORLDWIDE, INC.

Principal Place of Business

Mailing Address

~~601 N. NEW YORK AVENUE~~  
~~WINTER PARK FL 32789~~

~~601 N. NEW YORK AVENUE~~  
~~WINTER PARK FL 32789~~



REINSTATEMENT

2050

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

2. New Principal Office Address, If Applicable

112 E. Concord St.

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

112 E. Concord St.

Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

11/03/1997

5. FEI Number

59-3476676

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)	2	3	4
	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	GARCIA, M A III	<del>601 N. NEW YORK AVENUE</del>	<del>WINTER PARK FL 32789</del>
CDP	MANUCHIA, DAVID G	<del>601 N. NEW YORK AVENUE</del>	<del>WINTER PARK FL 32789</del>
DTS	HANLEY, TIMOTHY P	<del>601 N. NEW YORK AVENUE</del>	<del>WINTER PARK FL 32789</del>
		112 E. Concord St.	Orlando, FL 32801
000003458040-7 -11/03/00-01018-002 ****750.00 ****750.00			

8. Name and Address of Current Registered Agent

~~GOLDSTEIN, JOSEPH I ESQ.~~  
~~390 N. ORANGE AVENUE~~  
~~SUITE 1205~~  
~~ORLANDO FL 32801~~

9. Name and Address of New Registered Agent

Name

Matthew Brenner, Esq.

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

215 N. Cole Drive

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32801

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 10/16/00

11. 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

Treasurer

10/17/00 407 648 9988

Date

Daytime Phone #

LS