

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000023825

1. Corporation Name

P.G. COMPANIES, INC.

Principal Place of Business

Mailing Address

~~1210 WASHINGTON AVE., #250~~  
MIAMI BEACH FL 33139

~~1210 WASHINGTON AVE., #250~~  
MIAMI BEACH FL 33139

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.

1370 WASHINGTON AVE

1370 WASHINGTON AVE

MIAMI BEACH FL STE 211

MIAMI BEACH FL STE 211

Zip 33139

Country DADE

4. Date Incorporated or Qualified  
To Do Business in Florida

03/12/1998

5. FEI Number

65-0822984

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	JACOBSON, LORIN M	<del>1210 WASHINGTON AVE., #250</del> 1370 WASHINGTON AVE STE 211	MIAMI BEACH FL 33139
VP	JACOBSON, BEN	<del>1210 WASHINGTON AVE., #250</del> 1370 - - - - 211	MIAMI BEACH FL 33139
			800004706908--5 -12/05/01--01086--018 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MARCUS, BARRY J ESQ.  
1215 IVES DAIRY RD.  
MIAMI FL 33174

Name

BEN JACOBSON

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

1370 Washington Ave. 211

Suite, Apt. #, Etc.

# 211

City

MIAMI BEACH

State

FL

Zip Code

33139

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date 11-13-01

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  
BEN JACOBSON

Date 11/13/01

305-674-9884

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #