

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

10F2

**APPLICATION FOR REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

DOCUMENT # P98000035039

1. Corporation Name

PUBSURF, INC.

Principal Place of Business

6235 N FEDERAL HWY  
FORT LAUDERDALE FL 33308

Mailing Address

6235 N FEDERAL HWY  
FORT LAUDERDALE FL 33308

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

4. Date Incorporated or Qualified To Do Business in Florida

04/16/1998

5. FEI Number

65-0824991

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	4 City / State / Zip
D	TSEVDOS, JAMES	2711 NE 57TH ST	FORT LAUDERDALE FL 33308
D	MOONEY, JAMES	6235 N FEDERAL HWY	FORT LAUDERDALE FL 33308

100003493001--5  
-12/11/00--01024--002  
\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SCHWARTZ, HOWARD L  
2101 CORPORATE BLVD NW, STE 204  
BOCA RATON FL 33431

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

11/13/00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

KE

x 11/15/00x

CR2E040 (8/00)

P98-35039 20F2

11-13-00

I'm writing to inform you  
this was the only application  
I received. I suffered a stroke  
in Dec and called the Dept of  
State and they told me to go ahead and  
submit the check for \$150.00.

Sincerely,

James T. Pardo