

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
CLERK OF STATE  
DIVISION OF CORPORATIONS

03 MAR -4 PM 2:26

DOCUMENT # P99000061535

1. Corporation Name

PM + B SERVICES, INC.

2. Principal Office Address

5955 LA GORCE DR.

Suite, Apt. #, etc.

City & State

MIAMI BEACH, FL

Zip

33140

Country

USA

3. Mailing Office Address

5955 LA GORCE DR.

Suite, Apt. #, etc.

City & State

MIAMI BEACH, FL

Zip

33140

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

7/2/99

5. FEI Number

65-0935638

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$375 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JOEL BONDAR

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

5955 LA GORCE DRIVE

Suite, Apt. #, Etc.

City

MIAMI BEACH

State  
FL

Zip Code

33140

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*Joel Bondar*

REGISTERED AGENT MUST SIGN

Date *24 FEB 2003*

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip    |
|--------|--------------------------------------|---|-----------------------|
| PO     | MORRIS BONDAR                        | 5955 LA GORCE DRIVE                               | MIAMI BEACH, FL 33140 |
| SD     | RAQUEL BONDAR                        | 5955 LA GORCE DRIVE                               | MIAMI BEACH, FL 33140 |
|        |                                      |   |                       |
|        |                                      |   |                       |
|        |                                      |   |                       |
|        |                                      |   |                       |

10. 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: *x*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MORRIS BONDAR

*x* 2/24/03  
Date

*x* 305-864-3983  
Daytime Phone #

CR2E081 (10/02)

Roger M. Alter

CPA, PA

10001 WEST OAKLAND PARK BOULEVARD • BARNETT BANK BUILDING, SUITE 202 • FT. LAUDERDALE, FLORIDA 33351

DADE (305) 891-2712

BROWARD (305) 572-0072

FAX (305) 749-0135

FEBRUARY 17, 2003

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

RE: PM & B SERVICES, INC.  
DOCUMENT # P99000061535  
FORM: CORPORATION REINSTATEMENT (CR2E081)

DEAR SIR OR MADAM,

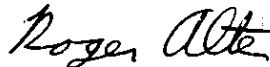
THE ABOVE REFERENCED ENTITY DID NOT RECEIVE ANY 2002 ANNUAL REPORT FORMS FROM THE STATE OF FLORIDA. ALL SUCH FORMS WERE RETURNED TO THE DEPARTMENT OF STATE BY THE UNITED STATES POSTAL SERVICE AS INDICATED IN YOUR RECORDS.

UNDER THE CIRCUMSTANCES, WE RESPECTFULLY REQUEST THAT THE ADDITIONAL CHARGES ASSOCIATED WITH REINSTATEMENT BE ABATED. A CHECK IN THE AMOUNT OF \$300.00 TO COVER THE AMOUNT OF THE 2002 AND 2003 ANNUAL REPORT FEES IS ATTACHED TO THIS FILING.

IF YOU HAVE ANY QUESTIONS OR REQUIRE ADDITIONAL INFORMATION, PLEASE DO NOT HESITATE TO CONTACT US.

VERY TRULY YOURS,

ROGER M. ALTER, C.P.A., P.A.



ROGER M. ALTER, C.P.A.

RA/SF  
ENCL.

CC: PM & B SERVICES, INC.