

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 # **V37312**

1. Corporation Name

P.A. SUBS, INC.

Principal Place of Business

11739 SANTA ROSA DR.
BOCA RATON FL 33498

Mailing Address

11739 SANTA ROSA DR.
BOCA RATON FL 33498

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

REINSTATEMENT

96 DEC 12 AM 9:00

APPROVED
AND
FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MLB
12-12-96

4. Date Incorporated or Qualified
To Do Business in Florida

05/15/1992

5. FEI Number

65-0412695

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
PVT	ROSEN, MIKE	11739 SANTA ROSA DR.	BOCA RATON FL 33498
VP	Rob Thalheimer	18004 NW 60 PL.	Miami, FL 33015
SEC	MIKE ATKINSON	4365 CARYOTA DR.	Boynton Beach FL 33436

800002028338--0
-12/13/96--01012--008
***375.00 ***375.00

8. Name and Address of Current Registered Agent

KOUT, DAVID L
1601 N. PALM AVE.
SUITE 303
PEMBROKE PINES FL 33026

9. Name and Address of New Registered Agent

Name **ROB THALHEIMER**
Street Address (P.O. Box Number is Not Acceptable)
18004 NW 60 PL.
Suite, Apt. #, Etc.
City **MIAMI** State **FL** Zip Code **33015**

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

Rob Thalheimer

Date **12-10-96**

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rob Thalheimer

12-10-96

Date Daytime Phone #