

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

01 DEC 31 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P34300**

1. Corporation Name

PRODUCT DEVELOPMENT CORPORATION OF CALIFORNIA

Principal Place of Business

Mailing Address

20 RAGSDALE DR
SUITE 100
~~MONTEREY CA 93940~~
US

20 RAGSDALE DR
SUITE 100
~~MONTEREY CA 93940~~
US

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
MONTEREY, CA

City & State
MONTEREY, CA

Zip
93940

Country
USA

Zip
93940

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

06/06/1991

5. FEI Number

95-1591984

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
PD CEO/D	CLUM, W.B. JR.	20 RAGSDALE DR., SUITE 100	MONTEREY CA 93940
S	CARRILLO, JUDITH H. MARTIN L. HEALEY	20 RAGSDALE DR SUITE 100	MONTEREY CA 93940
T	FOREY, DAVID	20 RAGSDALE DR., SUITE 100	MONTEREY CA 93940
D	CLUM, JOHN	820 CAMINO ATALAYA	SANTA FE NM 87501
D	JOFFRAY, SUZANNE	THE LOOMISCHAFFE SCHOOL, BATCHEL 14 OTTER ROCK ROAD	WINDSOR CT 06095 OLD LYME, CT 06371
D PD/D	CLUM, JOHN PETER D. BOULAIS	820 CAMINO ATALAYA 20 RAGSDALE DR SUITE 100	SANTA FE NM MONTEREY, CA 93940

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable)
400004765184--5
Suite, Apt. #, Etc. ~~01710702-01062-016~~
*****750.00 ***750.00**
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.

C T Corporation System

Signature of Registered Agent By

SIGNATURE REQUIRED

Date

12/27/01

Tina Perrin

REGISTERED AGENT MUST SIGN

Special Asst. Secretary

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
DAVID FOREY, SR. VICE PRESIDENT/TREASURER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(831)333-1100

10/22/01

Date

Daytime Phone #

CR2E040 (8/01)