

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **854840**

1. Corporation Name

**P. J. DICK INCORPORATED**

Principal Place of Business

Mailing Address

1020 LEBANON RD  
WEST MIFFLIN PA 15122

P.O. BOX 98100  
PITTSBURGH PA 15227

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

12/02/1982

5. FEI Number

25-13577.16

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
STD	CLARK, STEPHEN M	1046 GRANDVIEW FARMS DR	PITTSBURGH PA
V	HECHT, ROBERT G	2077 BLAIRMONT DR	PITTSBURGH PA 15241
D	HECHT, JANE D.	2077 BLAIRMONT DR	PITTSBURGH PA 15241
D	ROWE, DIANE B.	125 FROEBE RD	VENETIA PA 15367
P	ROWE, CLIFFORD R.	125 FROEBE RD	VENETIA PA 15367
AS	COCCAGNA, DOMINIC R	1350 STOLTZ ROAD	BETHEL PARK PA 15102

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

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

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

**PETER F. SOUZA**  
ASSISTANT SECRETARY

REGISTERED AGENT MUST SIGN

Date

10/29/01

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:

**DOMINIC R. COCCAGNA**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/26/01 412-462-9300

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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\*\*\*\*750.00 \*\*\*\*750.00



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