

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 NOV 30 AM 11: 23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500163183915
11/30/09--01043--026 **1508.75

CR2E081 (11/09) 07-09

DOCUMENT # F34857
1. Corporation Name
Pickard & Pickard Inc.

2. Principal Office Address - No P.O. Box # 307 S. Florida Avenue		3. Mailing Office Address P.O. Box 490	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Lakeland, FL		City & State Lakeland, FL	
Zip 33801	Country Polk	Zip 33802	Country Polk

4. Date Incorporated or Qualified To Do Business in Florida 05/06/1981	
5. FEI Number 592099369	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name
Donald M. Pickard

Street Address (P.O. Box Number is Not Acceptable)
307 S. Florida Avenue

Suite, Apt. #, Etc.

City Lakeland	State FL	Zip Code 33801
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The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 Date 10/9/09

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/T	Donald M. Pickard	307 S. Florida Avenue	Lakeland, FL 33801
VP/S	Carol E. Pickard	307 S. Florida Avenue	Lakeland, FL 33801

10. E-mail Address: donpickard@msn.com
(To be used for future annual report notification)

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. I further certify, 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: 11/9/09 8636887629
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #