

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # F95000003447

1. Corporation Name

Pedus Services, Inc.

Principal Place of Business

Mailing Address

601 Potrero Grande Dr.  
Monterey Park, CA 91755

If above addresses are incorrect in any way, line through incorrect information and enter correct

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

7/18/95

5. FEI Number  
95-3313187

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT

97-99  
00

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D/P/ S/T	Richard G. Jackson	601 Potrero Grande Dr.	Monterey Park, CA 91755

700002855487-4

8. Name and Address of Current Registered Agent

The Prentice-Hall Corporation System,  
Inc.  
1201 Hays Street, Suite 105  
Tallahassee, FL 32301

9. Name and Address of New Registered Agent

Name  
Corporation Service Company  
Street Address (P.O. Box Number is Not Acceptable)  
1201 Hays Street  
Suite, Apt #, Etc

City  
Tallahassee

State  
FL

Zip Code  
32301

10. I, being appointed the registered agent of the above named corporation, acknowledge the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

Karen B. Rozer

Karen B. Rozer, Asst. Sec.  
Corporation Service Company

REGISTERED AGENT MUST SIGN

Date

11. This corporation owes the current year  
Intangible Personal Property Tax due June 30.

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)(g), 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

Richard G. Jackson  
President

4/16/99

Date

Daytime Phone #