

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JUL 16 AM 9:39

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # **F98000000501**

1. Corporation Name

PDA FLA, INC

2. Principal Office Address

22438 BEAR CREEK DRN

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MURRIETA, CA

City & State

SAME

Zip

92562

Country

USA

Zip

SAME

Country

SAME

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

12/17/97

5. FEI Number

04-3402340

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ERIC WIDNER

1.00004494421--2

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

11007 NW 49TH DRIVE

07/24/01 01037-007

******900.00 ****900.00**

Suite, Apt. #, Etc.

City

CORAL SPRINGS

State

FL

Zip Code

33076

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

[Signature]

Date **JULY 12, 2001**

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	KELLY MCCRANN	22438 BEAR CREEK DRN	MURRIETA, CA 92562

10. 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 607.3401 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]

KELLY MCCRANN

Date **7/12/01**

Daytime Phone # **909-696-5015**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #