

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **G61897**

1. Corporation Name

PLD, INC.

Principal Place of Business

9625 ALONZO RD
RIVERVIEW FL 33569
US

Mailing Address

9625 ALONZO RD
8621 EAST BUFFALO AV
RIVERVIEW FL 33569
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

City & State

Zip

Country

Zip

Country

9625 Alonzo Road

Riverview, FL

33569

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

09/30/1983

5. FEI Number

59-2481135

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PTD	KEARNEY, JOANNE	9625 ALONZO RD	RIVERVIEW FL

000002706869-1

02/03/99-01012-804

****308.75 ****908.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Bing Kearney

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

911 Seddon Cove Way

Suite, Apt. #, Etc.

City

Tampa

State
FL

Zip Code
33602

DALE M SWOPE, PA
777 W HARBOUR ISLAND BLVD SU 850
SUITE 1425
TAMPA FL 33602

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

REGISTERED AGENT MUST SIGN

Date 1-15-99

11. This corporation owes or has paid 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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joanne Kearney

1/14/99 813 621-4286

CR2E040 (9/98)