


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**FILED**

2012 JUN -7 PM 3:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**REINSTATEMENT 10-12**

CR2E081 (11/10)

**DOCUMENT # J74601**

1. Corporation Name  
**PPD, INC.**

2. Principal Office Address - No P.O. Box # <b>1669 CARILLON PARK DRIVE</b>		3. Mailing Office Address <b>P.O. BOX 623604</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>OVIEDO, FL</b>		City & State <b>OVIEDO, FL</b>	
Zip <b>32876</b>	Country <b>USA</b>	Zip <b>32762</b>	Country <b>USA</b>

4. Date Incorporated or Qualified To Do Business in Florida **05/22/1987**

5. FEI Number **59-2860549**  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  
**JOHN P. HARKINS**

Street Address (P.O. Box Number is Not Acceptable)  
**1669 CARILLON PARK DRIVE**

Suite, Apt. #, Etc

City  
**OVIEDO**

State  
**FL**

Zip Code  
**32765**

**500236053435**  
06/07/12--01016--008 \*\*1050.00

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 **06/06/2012**

REGISTERED AGENT MUST SIGN

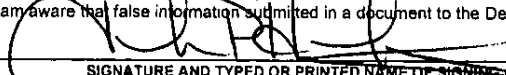
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	KATHLEEN M HARKINS	1040 HOWELL HARBOR DRIVE	CASSELBERRY, FL 32707
D	JOHN PAUL HARKINS	1669 CARILLON PARK DRIVE	OVIEDO, FL 32765

*609 6/7*

10. E-mail Address: HARKINSTRAD@HOTMAIL.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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

**SIGNATURE:**  **06/03/2012 407.644.4111**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #