

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2012 JUN -7 PM 3:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # J74601**

1. Corporation Name

PPD, INC.

2. Principal Office Address - No P.O. Box #

1669 CARILLON PARK DRIVE

3. Mailing Office Address

P.O. BOX 623604

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OVIEDO, FL

City & State

OVIEDO, FL

Zip

32876

Country

USA

Zip

32762

Country

USA

**REINSTATEMENT**

10-12

CR2E081 (11/10)

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:**

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/03/2012 407.644.4111

Date

Daytime Phone #