

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 OCT 19 PM 5:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L23973

1. Corporation Name

PROFESSIONAL DESKTOP PUBLICATIONS, INC.

Principal Place of Business

2213 ANDREA LANE  
FORT MYERS FL 33912

Mailing Address

2213 ANDREA LANE  
FORT MYERS FL 33912

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/19/1989

5. FEI Number

65-0145957

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 3	City / State / Zip 4
P	WILSON, CATHI	1213 HOPEDALE DRIVE	FORT MYERS FL 33919

100004685441--9  
-11/16/01--01060--006  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

CHED MILLER -  
6326 WHISKEY CREEK DRIVE  
SUITE A  
FORT MYERS FL 33919

9. Name and Address of New Registered Agent

Name CATHI L. WILSON  
Street Address (P.O. Box Number is Not Acceptable)  
1213 Hopedale Drive  
Suite, Apt. #, Etc.  
City Fort Myers  
State FL Zip Code 33919

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

Cathi L. Wilson

REGISTERED AGENT MUST SIGN

Date 10-15-01

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., 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:

Cathi L. Wilson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-15-01

Date

941-481-3760

Daytime Phone #