

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

*Parrillo*

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

02 DEC 16 AM 9:17

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **P0000007224**

1. Corporation Name  
**P.D.C. GROUP, INC.**



700009508507  
 12/13/02--01062--010 \*\*158.75

Principal Place of Business Mailing Address  
 6430 SW 188 AV 6430 SW 188 AV  
 DAVIE FL 33332 DAVIE FL 33332

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

2. New Principal Office Address, If Applicable		<input checked="" type="checkbox"/> 3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01/14/2000	
City & State		City & State		5. FEI Number	
Zip		Zip		65-0977164	
Country		Country		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	PARRILLO, KRISTOPHER	6430 SW 188 AV	DAVIE FL 33322
VD	PARRILLO, ANTHONY	6430 SW 188 AV	DAVIE FL 33332

*02 UBR*

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PARRILLO, KRISTOPHER  
 6430 SW 188 AV  
 DAVIE FL 33332

Name **Kristopher PARRILLO**  
 Street Address (P.O. Box Number is Not Acceptable)  
**6430 S.W. 188th AVE**  
 Suite, Apt. #, Etc.  
 City **Southwest Ranches** State **FL** Zip Code **33332**

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. or 617.0505, F.S.

Signature of Registered Agent

**SIGNATURE REQUIRED**  
 REGISTERED AGENT MUST SIGN

Date **12/04/02**

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: [Signature]**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**12/04/02**  
 Date

**954-937-6469**  
 Daytime Phone #

CR2E040 (8/02)

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**PDC**

Group, Inc

12/4/02

DEAR Sir/M

this letter is to confirm  
our conversation 12/3/02 the fact  
that WE DID NOT RECEIVE ANY  
PAPER WORK TO FILE THE  
REQUIRED CORPORATION ANNUAL REPORT  
POSSIBLY DUE TO THE FACT THAT  
OUR ADDRESS IS 6430 S.W 188th Ave  
Southwest Ranches FL, 33332  
NOT DAVIE FL AS ADDRESSED

X 