

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P00000007224**

1. Corporation Name

P.D.C. GROUP, INC.

FILED

02 DEC 16 AM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

Principal Place of Business

6430 SW 188 AV
DAVIE FL 33332

Mailing Address

6430 SW 188 AV
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

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

01/14/2000

5. FEI Number

65-0977164

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)

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

PARRILLO, KRISTOPHER
6430 SW 188 AV
DAVIE FL 33332

9. Name and Address of New Registered Agent

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]

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 REQUIRED

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 