

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.

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



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

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		<input checked="" type="checkbox"/> 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]* **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 REQUIRED** Date 12/04/02 Daytime Phone # 954-937-6469

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 