

FROM HILL, WARD, HENDERSON, P. A.

(THU) 6.20' 02 17:55/ST. 17:54/NO. 4260294368 P 2

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

02 JUL -2 AM 11:47

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P00060009740

1. Corporation Name

PDI Management, Inc.

2. Principal Office Address  
3609 Madaca Lane

3. Mailing Office Address  
3609 Madaca Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, Florida

City & State

Tampa, Florida

Zip Country

33618

USA

Zip Country

33618

USA

4. Date Incorporated or Qualified  
To Do Business in Florida 1/24/00

5. FEI Number

59-3633878

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

Richard L. Trzcinski

Street Address (P.O. Box Number is Not Acceptable)

3609 Madaca Lane

Suite, Apt. #, Etc.

City

Tampa

State  
FL

Zip Code

33618

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

Richard L. Trzcinski

REGISTERED AGENT MUST SIGN

Date 6/26/02

**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
P	Richard L. Trzcinski	3609 Madaca Lane	Tampa, Florida 33618

10. 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard L. Trzcinski, President

6/26/02

Date

813-933-0629

Daytime Phone #