

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P00000011281

1. Corporation Name

P.D.Q. TRANS SALES INC.

FILED

08 OCT -1 PM 4:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800136533598

10/01/08--01046--007 **450.00

2. Principal Office Address - No P.O. Box # 206 So Hampton Drive Suite, Apt. #, etc.	3. Mailing Office Address 206 So Hampton Drive Suite, Apt. #, etc.
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City & State JUPITER FL	City & State JUPITER FL
Zip 33458	Country PAUL BEACH

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida 1-27-00

5. FEI Number 22-370845
Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$5.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent		
Name DOROTHY POLISEO		
Street Address (P.O. Box Number is Not Acceptable) 206 SOUTH HAMPTON DRIVE		
Suite, Apt. #, Etc.		
City JUPITER	State FL	Zip Code 33458

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	DOROTHY POLISEO	206 So Hampton Drive	JUPITER FL 33458
VP	PAUL POLISEO	206 So Hampton Drive	JUPITER FL 33458

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607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been withdrawn, the corporate debts satisfy the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of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 contained in Chapter 119, 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:

Dorothy Poliseo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9-29-08

Daytime Phone #

2/2

September 29, 2008

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Reinstatement

Enclosed is the Corporation Reinstatement form along with our check in the amount of \$450.00 which represents our annual report fee for the years of 2006, 2007 and 2008. We request abatement of the reinstatement fee, since we never received the annual report forms.

If you should require any additional information please feel free to contact me.

Thank you for your help in resolving this matter.

Yours truly,



Dorothy Poliseo