

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 JAN 16 AM 10:34

DOCUMENT # P00000014735

1. Corporation Name  
W.D.W. OF PDL, INCORPORATED

600010134286  
01/15/03--01/02--003 \*\*1050.00

2. Principal Office Address  
2953 PDL Springs Road

3. Mailing Office Address  
2953 PDL Springs Rd

REINSTATEMENT 01-03

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Ponce De Leon, Florida

City & State  
Ponce De Leon, Florida

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number  
59-3627803

Applied For  
Not Applicable

Zip Country  
32455 U.S.A.

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32455 U.S.A.

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
MARK D. DAVIS

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

Suite, Apt. #, Etc.  
Suite 1

City  
Defuniak Springs

State Zip Code  
FL 32433

8. I, being appointed the registered agent of the above named corporation, do hereby accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*Mark D. Davis*  
REGISTERED AGENT MUST SIGN

Date Jan 6, 2003

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
President,	ARTHUR W. MITCHEM	2953 PDL Springs Rd	Ponce De Leon, FL 32455
Director,	HARTLEY W. MAYO	P.O. Box 189	Ponce De Leon, FL 32455
Director,	ROGER D. ANDERSON	P.O. Box 1669	De Funiak Springs, FL 32435
Director,	JERRY W. MITCHEM	2953 PDL Springs RD	Ponce De Leon, FL 32455

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:

*Arthur W. Mitchem*  
ARTHUR W. MITCHEM

January 6, 2003

Date

Daytime Phone #

(850)  
598-4079

CR2E081 (9/01)