

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000027526

1. Entity Name
PICOAPP, INC.



Principal Place of Business
18580 CUTLASS DRIVE
FORT MYERS BEACH, FL 33931

Mailing Address
18580 CUTLASS DRIVE
FORT MYERS BEACH, FL 33931

2. Principal Place of Business

29401 SE Hwy 42
Suite, Apt. #, etc.

3. Mailing Address

29401 SE Hwy 42
Suite, Apt. #, etc.

City & State

UMATILLA, FL
Zip 32784 Country US

City & State

UMATILLA, FL
Zip 32784 Country US



4. FEI Number
65-0991433

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DUNKIN, ROBERT P
17047 COLONY LAKES BLVD
FORT MYERS, FL 33908

7. Name and Address of New Registered Agent

Name
DUNKIN, DANIEL S.
Street Address (P.O. Box Number is Not Acceptable)
29401 SE Hwy 42
City UMATILLA FL Zip Code 32784

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

DANIEL S. DUNKIN

03/13/06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DUNKIN, ROBERT P	
STREET ADDRESS	17047 COLONY LAKES BLVD.	
CITY-ST-ZIP	FORT MYERS, FL 33908	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUNKIN, DANIEL S	
STREET ADDRESS	17047 COLONY LAKES BLVD.	
CITY-ST-ZIP	FORT MYERS, FL 33908	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	200070959692	
CITY-ST-ZIP	04/19/06--01034--009 **300.00	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	29401 SE Hwy 42	
CITY-ST-ZIP	UMATILLA, FL 32784	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

K. Eckel MAR 29 2006

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

DANIEL S. DUNKIN

03/13/06

704-349-1167

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #