

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

02 NOV -8 AM 10:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

PDC NETWORK CORP.

200009371592  
12/05/02--01041--005 \*\*750.00

REINSTATEMENT 02

2. Principal Office Address

15511 N FLORIDA AVE.  
SUITE D  
TAMPA FL  
33613 USA

Zip

Country

3. Mailing Office Address

15511 N FLORIDA AVE.  
SUITE D  
TAMPA FL  
33613 USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

59-3686594

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

Street: ALAN J. IEZZI, MD  
15511 N FLORIDA AVE.  
Suite: SUITE D  
TAMPA FL 33613

City

State  
FL

Zip Code

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 11/7/02

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
PRESIDENT & SECRETARY	ALAN J. IEZZI, MD	15511 N FLORIDA AVE SUITE D	TAMPA, FL 33613
VICE PRESIDENT	KATHLEEN M. MARY, B.S.	15511 N. FLORIDA AVE SUITE D	TAMPA, FL 33613
DIRECTOR	ROSALIND ROKITA	15511 N FLORIDA AVE. SUITE D	TAMPA, FL 33613

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:

ALAN J. IEZZI, MD - PRESIDENT

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/7/02

(813) 908-8700 EXT.232

CR2E081 (9/01)

11/15/02