

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS
03 JUN 12 AM 8:25

DOCUMENT # P01000013835

1. Corporation Name

PROFESSIONAL DATA CONSULTANTS CORP

2. Principal Office Address

1149 SW 27TH AVE #305

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33135

Country

USA

3. Mailing Office Address

1149 SW 27TH AVE #305

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33135

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

2/6/01

5. FEI Number

65-1077563

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$875 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

LOURDES VIERA

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

1149 SW 27TH AVE #305

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33135

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)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>PSD</u>	<u>LOURDES VIERA</u>	<u>1149 SW 27TH AVE #305</u>	<u>MIAMI FL 33135</u>

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 Lourdes Viera

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 6/3/03
Date

305-996-6660
Daytime Phone #

CR2E081 (10/02)

Professional Data Consultants Corp.

April 28, 2003

Division of Corporations
Uniform Business Report Filing
P.O. Box 1500
Tallahassee, Florida 32302-1500

Ref: Professional Data Consultants Corp.
9982 NW 5th Lane
Miami, Florida 33172

Tax ID #65-1077563


To whom it may concern,

We are requesting that the fine imposed for failure to pay our " Corporation Annual Report" be waived. During several months in 2002 we experienced problem's with our mail delivery. Unfortunately due to our location we experienced mail delivery and to a certain extent continue to do so. We have notified the Post Office of this and are working with them to get it resolved. Since we did not receive correspondence stating that the fee was due nor any that the company would be dissolved we did not take any actions to resolve this.

As we go forward the Company is making arrangements to have a mailing address set up where we will not experience this again. Based on this information stated herein, we are requesting the penalty for late filing be waived. We are enclosing a check for \$300 to cover the Filing fees for 2002 and 2003.

Send any future correspondence to the following address:
Professional Data Consultants Corp C/O Tax Group Inc.
1149 S.W. 27 Ave. #305 Miami, Florida 33135.

Thanking You in Advance,


Lourdes Viera
President