

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

02 **LAN**

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC -9 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000100610**

1. Corporation Name

PIERSON DISTRIBUTION COMPANY, INC.

Principal Place of Business

**3114 WEST KNIGHTS AVENUE
TAMPA FL 33611**

Mailing Address

**3114 WEST KNIGHTS AVENUE
TAMPA FL 33611**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/17/2001

5. FEI Number

59-3750771

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSD	PIERSON, YOLANDA J	3114 WEST KNIGHTS AVENUE	TAMPA FL 33611
VTD	PIERSON, DOUGLAS R	3114 WEST KNIGHTS AVENUE	TAMPA FL 33611

300009420423
12/09/02--01078--010 **150.00

8. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145**

9. Name and Address of New Registered Agent

Name **Douglas R. Pierson**

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

3114 W. Knights Ave

Suite, Apt. #, Etc.

City **Tampa**

State

FL

Zip Code

33611

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date **12/5/02**

11. 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/4/03 **813 837-9185**

Daytime Phone #

CR2E040 (8/02)

Florida Department of State
Division of Corporation

December 5, 2002

To Whom This May Concern,

This letter is in reference to the mailing of Administrative Dissolution or Revocation I received on November 10, 2002. I am asking that the Penalty fee be waived because I did not receive two prior uniform business report notices. Enclosed is my check for the amount of \$150.00 for my annual report fee and CSF. Thank you for your consideration. Any questions call me at 813-340-4087.

Regards,

A handwritten signature in black ink, appearing to read "Doug Pierson", with a stylized flourish extending from the end.

Doug Pierson
Vice President
Pierson Distribution Company, Inc.