

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P02000008706**

1. Corporation Name

PC DOCTOR ONCALL INC.

Principal Place of Business

1722 SHADY LEAF DRIVE
VALRICO FL 33594

Mailing Address

1722 SHADY LEAF DRIVE
VALRICO FL 33594

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

01/24/2002

5. FEI Number

27-0000494

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**



REINSTATEMENT

03

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	BRYSON, JOHN J	1722 SHADY LEAF DRIVE	VALRICO FL 33594

10/14/03 01014 001 **150.00
300023770983
10/14/03--01014--001 **150.00

8. Name and Address of Current Registered Agent

BRYSON, JOHN J
1722 SHADY LEAF DRIVE
VALRICO FL 33594

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State FL	Zip Code

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

John Bryson
REGISTERED AGENT MUST SIGN

Date

10-9-03

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:

John Bryson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-9-03

Daytime Phone #

CR2040 (7/03)

PC Doctor OnCall, Inc.
1722 Shady Leaf Drive
Valrico, Fl. 33594

October 9, 2003

Dear Sir or Madam,

Please be advised that we did not receive any previous notices that this form was late or due. Upon receiving this form on 9-8-03 " Notice of Administrative Dissolution or revocation" we called your office immediately to explain this matter. We were instructed to enclose the original fee of \$150.00 with this application to re-instate our company PC Doctor OnCall, document # P02000008706.

We have enclosed the fee of \$150.00 as instructed to re-instate our account and put it in good standing with you.

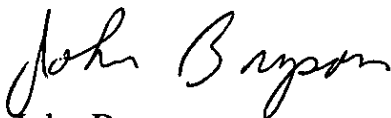
We apologize for this inconvenience and wish to have this fixed as soon as possible.

If you have any further question, you may call our office at 1-813-655-0700.

Thank you in advance.

Sincerely,

PC Doctor OnCall, Inc.



John Bryson
President