

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

04 JAN 28 PM 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000018951

1. Corporation Name

PM IT, INC.

Principal Place of Business

Mailing Address

~~211 NW 202 TERR~~
~~PEMBROKE PINES FL 33029~~

~~P.O. BOX 297125~~
~~PEMBROKE PINES FL 33029-7125~~



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

377 Hickory Acres Lane
Suite, Apt. #, etc.

377 Hickory Acres Lane
Suite, Apt. #, etc.

City & State
Jacksonville, FL
Zip 32259 Country USA

City & State
Jacksonville, FL
Zip 32259 Country USA

REINSTATEMENT 03-04
To Do Business in Florida
02/19/2002
5. FEI Number 03-0392381
Applied For
Not Applicable
6. CERTIFICATE OF STATUS DESIRED ☒ \$6.75 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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
P	MARTIN, STEPHEN J	P.O. BOX 297125 377 Hickory Acres	PEMBROKE PINES FL 33029 Jacksonville, FL 32259

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MARTIN, STEPHEN J
211 NW 202 TERR
~~PEMBROKE PINES FL 33029~~

Name
Stephen J. Martin
Street Address (P.O. Box Number is Not Acceptable)
377 Hickory Acres Lane
Suite, Apt. #, Etc.
City
Jacksonville
State
FL
Zip Code
32259

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 12/28/2003

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

12/28/2003 (904) 657-9235
Date Daytime Phone #

CR2E040 (7/03)