

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

03 OCT 29 AM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT



DOCUMENT # **P02000122884**

1. Corporation Name

4TH DIMENSION PCB, INC.

Principal Place of Business

Mailing Address

**3041 GREENMOUNT RD
ORLANDO FL 32806**

**3041 GREENMOUNT RD
ORLANDO FL 32806**

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/18/2002

5. FEI Number

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	ECKERT, MARK S	3041 GREENMOUNT RD	ORLANDO FL 32806
STD	ECKERT, ROSEANNE V	3041 GREENMOUNT RD	ORLANDO FL 32806

600024260256
10/29/03-01071-016 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**ECKERT, MARK S
3041 GREENMOUNT RD
ORLANDO FL 32806**

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

Mark S. Eckert
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/27/03

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:

Mark S. Eckert
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/27/03

Daytime Phone #

407-443-8727

CR20040 (7/03)

October 27th, 2003

Florida Department of State
Glenda E. Hood
Secretary of State

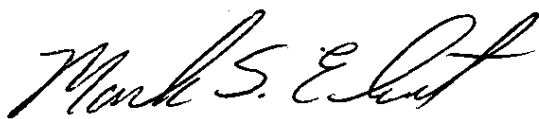
Re: Document # P02000122884

To: The Honorable Glenda Hood,

Enclosed please find our Application for Reinstatement along with a check in the amount of \$150.00 for the UBR filing fee.

The prior UBR notices were not received by our corporation. Procedures have been put in place to ensure that this does not occur again. Please accept my apologies for this mishap.

Sincerely,



Mark S. Eckert
President
4th Dimension PCB, Inc.
3041 Greenmount Road
Orlando, FL 32806
FEI #: 113663410
407-443-8727
Mark.Eckert@4thdpcb.com