

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000016932

1. Corporation Name

PDM Services, Inc.

2. Principal Office Address - No P.O. Box #

3044 Red Oak Ct

Suite, Apt. #, etc

Apt #105

City & State

Palm Harbor, FL

Zip

34684

Country

US

3. Mailing Office Address

3044 Red Oak Ct

Suite, Apt. #, etc

Apt #105

City & State

Palm Harbor, FL

Zip

34684

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

2/06/2003

5. FEI Number

02-0674449

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

James A. Jimenez, CPA

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

1302 W Sligh Ave

Suite, Apt. #, Etc

City

Tampa

State

FL

Zip Code

33604

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

James A. Jimenez
REGISTERED AGENT MUST SIGN

Date

6/20/19

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
PD	Peter J. Montana	3044 Red Oak Ct, Apt 105	Palm Harbor, FL 34684

REINSTATEMENT

2017-2019

10. E-mail Address: mbf@guidajimenez.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/20/2019

Daytime Phone #