

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

11 MAR 14 PM 12:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P06000065749**

1. Corporation Name

PC Cordova Enterprises, Inc.

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

36739 Old Suwannee

Suite, Apt. #, etc.

3. Mailing Office Address

36739 Old Suwannee

Suite, Apt. #, etc.

City & State

Dade City, FL

City & State

Dade City, FL

Zip

33525

Country

USA

Zip

33525

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

05/10/2006

5. FEI Number

204983369

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

800197756778  
03/14/11--01064--018 \*\*\$600.00  
800197756778  
03/14/11--01064--019 \*\*\$300.00  
CR2E081 (11/10)

**7. Name and Address of Current Registered Agent**

Name

Pedro Cordova

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

36739 Old Suwannee

Suite, Apt. #, Etc.

City

Dade City

State

FL

Zip Code

33525

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

REGISTERED AGENT MUST SIGN

Date

2-2-11

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	Pedro Cordova, Jr.	36739 Old Suwannee	Dade City, FL 33525
VD	Concepcion Cordova	36739 Old Suwannee	Dade City, FL 33525
TD	Jim Avila, Jr.	36739 Old Suwannee	Dade City, FL 33525
SD	Robin M. Cordova	36739 Old Suwannee	Dade City, FL 33525

10. E-mail Address:

(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

Date

2-2-11

Daytime Phone #

3/15c