

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

08 JAN 18 AM 10:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P29746

1. Corporation Name

**PDS TECHNICAL SERVICES INC.**

**REINSTATEMENT 04-08<sup>KS</sup>**

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box # 1925 W. John Carpenter Frwy.		3. Mailing Office Address Same	
Suite, Apt. #, etc. STE. 550		Suite, Apt. #, etc.	
City & State Irving, TX		City & State	
Zip 75063	Country US	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida	6/12/90
5. FEI Number	910996444
<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name CT CORPORATION SYSTEM		
Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND RD.		
Suite, Apt. #, Etc.		
City PLANTATION	State FL	Zip Code 33324

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 [Signature] **Michael E. Jones** Assistant Secretary Date 1-3-08  
REGISTERED AGENT MUST SIGN

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
PRESIDENT	ARTHUR R. JONES	1925 W. John Carpenter FRWY	IRVING, TX 75063
CFO	S. CASH NICKERSON	1925 W. John Carpenter FRWY	IRVING, TX 75063

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01/18/08-01025-022 \*\*1350.00

10. 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 contained in Chapter 119, 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] **S. Cash Nickerson** 214-647-9600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #