

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

102

**FILED**  
01 NOV 16 PM 1:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # PA4000074450

1. Corporation Name  
Personal Development Institute, Inc

2. Principal Office Address  
1680 Tamiami Tr S

Suite, Apt. #, etc.  
A

City & State  
Venice, FL

Zip  
34293 Country  
USA

3. Mailing Office Address  
1532 US 41 Bypass

Suite, Apt. #, etc.  
265

City & State  
Venice FL

Zip  
34293 Country  
USA

500004719075--1  
-12/11/01--01072--017  
\*\*\*\*158.75 \*\*\*\*158.75

4. Date Incorporated or Qualified To Do Business in Florida  
10/1/94

5. FEI Number  
65-0529206

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$3.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
Donald R Burnham

Street Address (P.O. Box Number is Not Acceptable)  
500 Cerromar Dr LS

Suite, Apt. #, Etc.

City  
Venice State  
FL Zip Code  
34293

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  
Donald R Burnham Date  
11/5/01

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
PD	Donald R Burnham	500 Cerromar Dr	Venice, FL 34293
VP	Alice Burnham	500 Cerromar Dr	Venice, FL 34293
T.	Chris Hynes	4178 Central Sarasota Pkwy	Sarasota, FL 34338

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/5/01 141 408 8791

2012

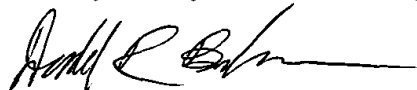
Personal Development Institute  
1532 US 41 Bypass Ste 265  
Venice, FL 34293  
(941) 408-8781

Division of Corporations  
Annual Report/Reinstatement Section  
PO Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

Please be advised that our address has changed. We have moved from our old location at 205 Base Avenue in Venice to 1532 US 41 Bypass Ste 265, Venice, FL 34293. Because of the address change, we have never received any correspondence (via mail or phone calls) that our corporation was in jeopardy of being dissolved. Recently, while searching on the internet, I discovered that we had in fact been dissolved, so I immediately contacted your offices. I was instructed that since this would be categorized as a postal error that the fee to reinstate PDI would be \$150.00. Please find enclosed my Reinstatement Form along with a check to cover the fee plus \$8.75 for a Certificate of Status. If you have any questions, please contact me directly at 941-408-8781.

Thank you for your understanding.



Donald R. Burnham  
President  
Personal Development Institute.

Enc.