

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
FLORIDA DEPARTMENT OF STATE  
JENNIFER S. MORTHAM  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

98 JAN 27 AM 10:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000075957

1. Corporation Name

PRO-DIRECT, INC.

Principal Place of Business

Mailing Address

2506 W. IDLEWILD AVENUE TAMPA, FL 33614

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		October 15, 1994	
City & State		City & State		5. FEI Number	
Zip		Zip		59-3283782	
Country		Country		Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P.	LARRY P. NARDELLI	2506 W. Idlewild Ave.	Tampa, FL. 33614
VP.	"	"	"
SEC	"	"	"
TRE	"	"	"
			700002415137--B
			-01/28/98--01100--011
			****565.00 ****565.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LARRY P. NARDELLI  
2506 W. Idlewild Ave.  
Tampa, FL. 33614

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.

Signature of Registered Agent

Larry P. Nardelli  
REGISTERED AGENT MUST SIGN

Date 12/8/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information on intangible tax.)

12. 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:

Larry P. Nardelli President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/8/97 (813) 877-8127  
Date Daytime Phone #

CR2E040 (12/96)

(2)

***PRO-DIRECT, INC.***

*2506 W. Idlewild Avenue  
Tampa, Florida 33614*

December 8, 1997

Ms. Leslie Sellers – Document Specialist  
Florida Department Of State - Division Of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Re: Reinstatement Of Pro-Direct, Inc. And Name Change Ref # P94000075957.**

Dear Ms. Sellers:

Enclosed is our reinstatement form and Articles Of Amendment on the above referenced Corporation. We apologize for not catching this error earlier, however, we did not receive any notice on the annual reporting for 1995 and 1996 or any notice of termination of the corporate status with the state. I do appreciate your help in correcting this matter as we move forward.

If you have any questions please contact me at (813) 875-2202.

Sincerely,



Larry P. Nardelli  
President