

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 MAY 23 AM 8:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000037113

1. Corporation Name

P.T.D. Enterprises, Inc.

400103044224
05/23/07--01002--012 ***458.75

REINSTATEMENT

2. Principal Office Address - No P.O. Box #
2605 Clark Street

3. Mailing Office Address
PO Box 608506

Suite, Apt. #, etc.
Ste 101

Suite, Apt. #, etc.

City & State
Apopka, FL

City & State
Orlando, FL

Zip
32703

Country
USA

Zip
32860

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

May 10, 1995

5. FEI Number
59-3312565

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
P. Trentis Durden

Street Address (P.O. Box Number is Not Acceptable)
2605 Clark Street

Suite, Apt. #, Etc.
Ste 101

City
Apopka

State
FL

Zip Code
32703

☒ 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

Date

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
PSTD	Durden, P. Trentis	2605 Clark Street	Apopka, FL 32703
VPD	Millis, Amy	2605 Clark Street	Apopka, FL 32703

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:

Amy Millis Amy Millis-Director 5/14/07 407.290.6011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3. Michael MAY 23 2007