APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

P96000008868 DOCUMENT

1. Corporation Name

PRODUCT DEVELOPMENT GROUP, INC.

Principal Place of Business

Mailing Address

3190 SOUTH STATE ROAD 7

BAY 21

MIRAMAR FL 33023

MIRAMAR FL 33023

3190 SOUTH STATE ROAD 7 If above addresses are incorrect in any way, line through incorrect information and enter correction below.

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

REINSTATEMENT	00
4. Date Incorporated or Qualified	

New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State		3. New Maili	New Mailing Office Address, if Applicable Suite, Apt. #, etc. City & State		4. Date Incorporated or Qualified To Do Business in Florida 01/25/1996 \$ 5. FEI Number Applied			006 00	
		Suite, Apt. #,						25/1996 SP Applied For	
		City & State						Not Applicable	
Zip		Country	Zip		Country	6. CERTIFI	CATE OF STATUS DESIRED		itional Fee required
7. Names	and Street A	ddresses of Each Officer	and/or Director (Flo	orida nonprofit	corporations must list a	t least 3 directors	;)		
Title(s)	2	Name of Officers and/or Directors		3	Street Address of E Officer and/or Dire		Ci	ty / State / Zi	·
PD	JACKSON	N, JAMES		3190 SOL	JTH STATE ROAD 7,	BAY 21	MIRAMAR FL 3302	3	
STD JACKSON, PAMELA JO			3190 SOL	JTH STATE ROAD 7,	BAY 21	MIRAMAR FL 3302	3		
	-	. •		1					

		100003514 -12/27/00 ****750.00	15017 01069015 ****750.00	
8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent			
	Name		(3/00)	
JACKSON, JAMES 3190 SOUTH STATE ROAD 7	Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.			
BAY 21				
MIRAMAR FL 33023	City	State	Zip Code	

amed corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

REGISTERED AGENT MUST SIGN

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., 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.

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