

--PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV 13 AM 10:04

DOCUMENT # P96000065013

1. Corporation Name

PIDQ, INC.

Principal Place of Business

Mailing Address

10493 STRING FELLOW RD
ST JAMES CITY FL 33956
US

PO BOX 592
BOKEELIA FL 33922
US



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

08/05/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0700177

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	BELKE, WILLIAM C SR	16244 NAUTICAL WAY #1503	BOKEELIA FL 33922
D	BELKE, MARIA E	16244 NAUTICAL WAY #1503	BOKEELIA FL 33922

500003481985--9
-11/30/00--01101--018
****150.00 ****150.00

AA 11/29

8. Name and Address of Current Registered Agent

9. Name and Address of ~~the~~ Registered Agent

Name

Same

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

16244 Nautical Way

Suite, Apt. #, Etc.

Bokeelia

City

Bokeelia

State

FL

Zip Code

33922

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

William C. Belke

Date

11-8-00

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.

SIGNATURE:

Maria E. Belke
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MARIA E. BELKE

11-8-00

Date

941-2838663

Daytime Phone #

CR2E040 (8/00)

P96000065013

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PIDQ, Inc.
P.O. Box 592
Bokeelia, FL 33922

11/8/2000

Division of Corporations
Annual Report/Reinstatement section
P.O. Box 6327
Tallahassee, FL 32314-6327

To Whom It May Concern:

I have received the enclosed "Application for Reinstatement", P96000065013. I do not understand why the corporation was dissolved.

In calling your office, I was informed that I would have received 2 notices. I have not received even one. Our personal physical address has changed. I do not know if this would have caused the problem. We are a family owned business that tries to send in the necessary documentation with fees correspondent with it on a timely basis.

I am completing the "Application for Reinstatement" and enclosing a check in the amount of \$150.00. I ask that the corporation be re-instated. I apologize for this situation, but don't feel that I should have to pay the excess charges.

Respectfully,

Maria E. Belke

Maria E. Belke
PIDQ, Inc.