

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000082113

1. Corporation Name

PC Tech, Inc.

W16-42968

2. Principal Office Address - No P.O. Box #

4527 Pelican Blvd

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 177

Suite, Apt. #, etc.

City & State

Cape Coral, FL

Zip

Country

33914

USA

City & State

Mt. Airy, FL

Zip

Country

33993

USA

7. Name and Address of Current Registered Agent

Name

Whitney Brown

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

4527 Pelican Blvd

Suite, Apt. #, Etc.

City

Cape Coral

State

FL

Zip Code

33914

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

REGISTERED AGENT MUST SIGN

Date

6/3/2016

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
P.T.D	Whitney Brown	4527 Pelican Blvd	Cape Coral, FL 33914

10. E-mail Address: wbrown@originscoffee-roasterie.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/3/2016

Date

239-229-6908

Daytime Phone #

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

10/1/1996

5. FEI Number

65-0706411

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

yes

\$8.75 Additional Fee required  
for a Certificate of Status

600286587248  
06/07/16--01002--019 \*\*3008.75

2016 JUN 24 A 10:37

JUN 27 2016

T. LEMIEUX