

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02 JUN 27 AM 8:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

PDMNet Inc.
658 Old Dixie Highway
Vero Beach, FL 32962

pg6000102130

2. Principal Office Address

658 Old Dixie Hwy

Suite, Apt. #, etc.

3. Mailing Office Address

658 Old Dixie Hwy

Suite, Apt. #, etc.

City & State

Vero Beach, FL

City & State

Vero Beach, FL

Zip

32962

Country

Zip

32962

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

1996

5. FEI Number

65-0735578

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

Paul McCall

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

410 10th PL SW

Suite, Apt. #, Etc.

City

Vero Beach

State
FL

Zip Code

32962

900006192489--1

07/03/02-01013-015

***1358.75 ***1358.75

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

Paul McCall

REGISTERED AGENT MUST SIGN

Date

6/25/02

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
Pres.	Paul McCall	410 10th PL SW	Vero Beach, FL 32962

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 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:

Paul McCall pres. Paul McCall

Date

6/25/02 561-564-6800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #