

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000102130**

1. Corporation Name

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

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

658 Old Dixie Hwy

Suite, Apt. #, etc.

3. Mailing Office Address

658 Old Dixie Highway

Suite, Apt. #, etc.

City & State

Vero Beach, FL

City & State

Vero Beach

Zip

32960

Country

US

Zip

32960

Country

US

REINSTATEMENT

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

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 PLSW

Suite, Apt. #, Etc.

City

Vero Beach

State

FL

Zip Code

32962

☐ 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

Paul McCall

Date **1/25/07**

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
D	Paul McCall	410 10th PLSW	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 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:

Paul McCall

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/25/07 772-564-6800

Daytime Phone #