

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY 23 PM 2:30

DOCUMENT #

9970000043477

1. Corporation Name

PDWB Incorporated

2. Principal Office Address

3908 26th St. W.

Suite, Apt. #, etc.

City & State

Bradenton, FL

Zip

34205

Country

US

3. Mailing Office Address

3908 26th St. W.

Suite, Apt. #, etc.

City & State

Bradenton, Florida

Zip

34205

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0755591

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 99-06

7. Name and Address of Current Registered Agent

Name

Marc H. Feldman, Feldman & Roback

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

3908 26th Street West

Suite, Apt. #, Etc.

City

Bradenton

State

FL

Zip Code

34205

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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

Date

5-16-2000

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
PSTD	William L. Manfull	647 10th Street East	Palmetto, FL 34221

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-16-2000

Date

720-8871

Daytime Phone #