

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P97000059279

1. Corporation Name

PRODIRECT, INC.

Principal Place of Business

Mailing Address

6322 PALMA DEL MAR
SUITE 110
SAINT PETERSBURG FL 33715

6322 PALMA DEL MAR
SUITE 110
SAINT PETERSBURG FL 33715

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

Suite, Apt. #, etc.
1320 STRATFORD DRIVE

Suite, Apt. #, etc.
1320 STRATFORD DRIVE

City & State
CLEARWATER, FL

City & State
CLEARWATER, FL

Zip
33756-1333

Country
USA

Zip
33756-1333

Country
USA



4. Date Incorporated or Qualified
To Do Business in Florida

07/08/1997

5. FEI Number

Applied For

☒ Not Applicable

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PD	POCOCK, THOMAS R	6322 PALMA DEL MAR, STE 110	SAINT PETERSBURG FL 33715
STD	SCHMITZ, MICHAEL F	6322 PALMA DEL MAR, STE 110 1320 STRATFORD DR	SAINT PETERSBURG FL 33715 CLEARWATER, FL 33756-1333
			700002770897-6 -02/10/99-01004-085 ****150.00 ****150.00
			700002770897-6 -02/10/99-01004-006 ****758.75 ****758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name

MICHAEL F. SCHMITZ

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

1320 STRATFORD DRIVE

Suite, Apt. #, Etc.

City

CLEARWATER

State

FL

Zip Code

33756-1333

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

Michael F. Schmitz
REGISTERED AGENT MUST SIGN

Date 12/30/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

Michael F. Schmitz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL F. SCHMITZ

12/30/98

727.518.1275

Day or Phone #

CR2E(MD) (9-98)