

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000012707

1. Corporation Name

PCA NATIONAL SEMINARS, INC.

Principal Place of Business

4801 S UNIVERSITY DR
DAVIE FL 33328

Mailing Address

PO BOX 290123
FT LAUDERDALE FL 33329

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.

#214

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

12/24/1997

5. FEI Number

65-0806875

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PVST	ANDERSON, PAUL C	4801 S UNIVERSITY DR	DAVIE FL 33328
D	ANDERSON, PAUL C	4801 S UNIVERSITY DR	DAVIE FL 33328

900002706679--5
-12/08/98-01084-011
****150.00 ****150.00

8. Name and Address of Current Registered Agent

ANDERSON, PAUL C
4801 S UNIVERSITY DR
DAVIE FL 33328

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Paul Anderson
RECEIVED
REGISTERED AGENT MUST SIGN

Date

11/12/98

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:

Paul Anderson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

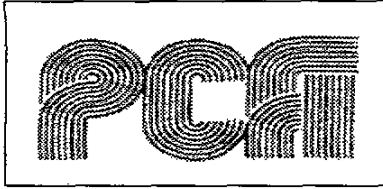
Date

Daytime Phone #

11/12/98

954-252-8477

CR2ED40 (8/98)



NATIONAL SEMINARS

P.O. BOX 290123, FT LAUDERDALE, FL 33329

Phone: 954-252-8477
Fax: 954-252-8944
Toll free 888-PCA-0424
E-mail:
www.pcaseminars.com

"FIGHT BOGUS UNEMPLOYMENT CLAIMS"

11/30/98

Dear Sir.

The original form for filling the annual report was not received.

All future reports will be filed in a timely manner.

Sincerely,

A handwritten signature in cursive script, appearing to read 'Paul C. Anderson', written over a horizontal line.

Paul C. Anderson
President