

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**  
Kathleen Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 OCT 22 AM 9:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000018007**

1. Corporation Name

**PNF DYNAMICS, INC.**

Principal Place of Business

9631 LAND O'LAKES BLVD.  
LAND O'LAKES FL 34639

Mailing Address

9631 LAND O'LAKES BLVD.  
LAND O'LAKES FL 34639  
P.O. BOX 1927  
LAND O'LAKES FL 34639

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

02/25/1998

5. FEI Number

59-3502703

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	4. City / State / Zip
Pres.	ALFRED ROMEO	9320 Highland Ave.	TAMPA, FL 33612
V.P.	PETER DAWES	18320 DRIBBERS ST.	PORT CHARLOTTE, FL 33948
Sec.	NATHAN GIBOLDANO	812 BROOKER VILLAGE CIR.	LUTZ, FL 33549

8. Name and Address of Current Registered Agent

LECOMPT, MORRIS A  
LECOMPT & STEPHENSON, P.A.  
100 SECOND AVENUE SOUTH SUITE 1201  
ST. PETERSBURG FL 33701

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

REGISTERED AGENT MUST SIGN

Date

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:

*Nathan Giboldano* NATHAN GIBOLDANO

10-15-99 813-946-9493

Date

Daytime Phone #

KE

2

## PNF DYNAMICS, INC.

October 18, 1999

P.O. Box 1927  
Land O' Lakes, FL 34639

Dear Sir or Madam:

I am writing this letter after speaking to one of your representatives on Friday Oct. 15, 1999. I explained that I had paid my corporate fees back in May and I even had the check that was deposited by you. Anyway, when I spoke to your representative she said the reason our corporation was dissolved was that we did not fill in the corporate officer's names and addresses. In addition, she said there was a rejection notice sent out which I never received.

I have filled out the information she told me to fill out and I am asking you to accept this as my annual report. I know I did not do anything to justify dissolving our company. I appreciate your concern in this matter. I will be awaiting your response. Thank You!

Sincerely,



Nathan Giordano,  
Secretary