

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P98000077133**

1. Corporation Name
PDOS, INC.

Principal Place of Business
**4125 FOREST DRIVE
MULBERRY FL 33860**

Mailing Address
**4125 FOREST DRIVE
MULBERRY FL 33860**

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.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/28/1998

5. FEI Number

59-3531782

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

STATE ACTION 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
D	PATZER, KARI K	4125 FOREST DRIVE	MULBERRY FL 33860
P/V S/T/D	Dellaporta, Kari K Patzer	" 4125 Forest Drive Same AS ABOVE	Mulberry FL 33860
			400003046604-7
			-11/17/99--01011--020
			****750.00 ****750.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~PATZER, KARI K
4125 FOREST DRIVE
MULBERRY FL 33860~~

Name **Kari K Patzer Dellaporta**
Street Address (P.O. Box Number is Not Acceptable)
4125 Forest Dr
Suite, Apt. #, Etc.

City **Mulberry**

State **FL**

Zip Code **33860**

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

Kari Patzer Dellaporta

REGISTERED AGENT MUST SIGN

Date **11/2/99**

11. 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:

Kari Patzer Dellaporta
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Kari Patzer Dellaporta, President

11/2/99
Date

941-425-8829
Daytime Phone #

CR20240 (01/99)