PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

# APPLICATION FOR REINSTATEMENT

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

FILED
00 FEB -8 PM 4:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000077133

1. Corporation Name
PDQS, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 4125 FOREST DRIVE<br>MULBERRY FL 33860 | 4125 FOREST DRIVE<br>MULBERRY FL 33860 |

REINSTATEMENT 99-00

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 |
|---|---|
| | PO Box 5162 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State: Lakeland, FL |
| Zip / Country | Zip: 33807 / Country: USA |

4. Date Incorporated or Qualified To Do Business in Florida: 06/26/1998

5. FEI Number: 59-3531782 — Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☐

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 |
| | | | |
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| | | | |
| | | | |

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****937.50 ****

8. Name and Address of Current Registered Agent

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

9. Name and Address of New Registered Agent

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 — REQUIRED — Date: 11/2/99
REGISTERED AGENT MUST SIGN

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 — REQUIRED — 11/2/99 — 941-425-8829
SIGNATURE AND TYPED OR PRINTED NAME OF ACTING OFFICER OR DIRECTOR — Date — Daytime Phone #

KARI Patzer Dellaporta, President

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