

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT -1 PM 4:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000017603

1. Corporation Name

PDM SYSTEMS U.S.A., INC.

2. Principal Office Address

One Lake Morton Drive

Suite, Apt. #, etc.

City & State

Lakeland

Zip

33801

Country

Polk

3. Mailing Office Address

One Lake Morton Drive

Suite, Apt. #, etc.

City & State

Lakeland

Zip

33801

Country

Polk

**4. Date Incorporated or Qualified
To Do Business in Florida**

02/22/1999

5. FEI Number

59-3557627

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ROBERT J. BERTRAND

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

ONE LAKE MORTON DRIVE

Suite, Apt. #, Etc.

City

LAKELAND

State
FL

Zip Code

33801

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

9/27/02

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D P T S	Andre Martin	205 Lake Huron Drive	Mulberry, Florida 33860

10. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANDRE MARTIN

Date

SEPT 19 2002 (863) 425-9100

CR2E081 (9/01)