

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P99000017795

1. Corporation Name

PPC SERVICES, INC.

Principal Place of Business

Mailing Address

~~14343 N. WOOTEN ROAD~~
~~DOVER FL 33527~~

~~14343 N. WOOTEN ROAD~~
~~DOVER FL 33527~~

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

2. New Principal Office Address, If Applicable

903 Balmoral PL.

3. New Mailing Office Address, If Applicable

903 Balmoral PL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Valrico FL

City & State

Valrico FL

Zip

33594

Country

USA

Zip

33594

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/22/1999

5. FEI Number

59-3555760

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CEO	HIGGINS, SCOTT	14343 N. WOOTEN RD	DOVER FL 33527
D/P	PENDERGRASS, KURT	903 BALMORAL PLACE	VALRICO FL 33594
VP	HIGGINS, CHERYL	14343 N. WOOTEN ROAD	DOVER FL 33527
VP/T/S	PENDERGRASS, PENNY	903 BALMORAL PLACE	VALRICO FL 33594

8. Name and Address of Current Registered Agent

~~HIGGINS, SCOTT~~

~~14343 N. WOOTEN ROAD~~

~~DOVER FL 33527~~

9. Name and Address of New Registered Agent

Name

Penny Pendergrass

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

903 Balmoral PL

Suite, Apt. #, Etc.

City

Valrico

State

FL

Zip Code

33594

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

Penny L. Pendergrass
REGISTERED AGENT MUST SIGN

Date

10/13/01

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:

Penny L. Pendergrass
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/13/01 813-689-

Daytime Phone #

9749

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 22 PM 12:46



REINSTATEMENT 01

CR2E040 (8/01)