

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2022 APR -8 AM 7:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000049728

1. Corporation Name

PRC HOLDINGS, INC.

2. Principal Office Address - No P.O. Box #
18915 APIAN WAY

3. Mailing Office Address
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
LUTZ, FLORIDA

City & State

Zip
33558

Country
USA

Zip

Country

300385426109
04/08/22--01036--001 **3450.00

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida 06/02/1999

5. FEI Number

☒ 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
ALLEN R. DECOTIIS

Street Address (P.O. Box Number is Not Acceptable)
18915 APIAN WAY

Suite, Apt. #, Etc.

City
LUTZ

State
FL

Zip Code
33558

2004-2022

MAY 13 2022

D COWELL

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 /s/ ALLEN R. DECOTIIS

Date 04/05/2022

REGISTERED AGENT MUST SIGN

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
P,D	ALLEN R. DECOTIIS	18915 APIAN WAY	LUTZ, FL 33558
S,D	MARTHA REA	18915 APIAN WAY	LUTZ, FL 33558

10. E-mail Address: jerry@diversifiedcorp.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: /s/ ALLEN R. DECOTIIS

04/05/2022

518-229-8228

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #