

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L07000025581

1. Limited Liability Company's Name

PSE Enterprises, LLC

900255922979
01/23/14--01002--026 **793.75

CR2E041 (12/13)

2. Principal Office Address - No P.O. Box #

9820 Orange Park Trail

Suite, Apt. #, etc.

3. Mailing Office Address

9820 Orange Park Trail

Suite, Apt. #, etc.

4. State/Country of Formation

USA

5. Date Organized or Qualified
To Do Business in Florida

3-8-2007

City & State

Boca Raton, FL. ~~33428~~

City & State

Boca Raton, FL

Zip

33428

Country

United States

Zip

33428

Country

United States

6. FEI Number

2086069767

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for Certificate of Status

8. Name and Address of Current Registered Agent

Name Sandra L Gast

Street Address (P.O. Box Number is Not Acceptable)
9820 Orange Park Trail

Suite, Apt. #, Etc.

City Boca Raton

State

FL

Zip Code

33428

E-mail Address:

W14-56
gasts@comcast.net

(To be used for future annual report notices)

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent *Sandra L Gast*

Date 1-13-14

REGISTERED AGENT MUST SIGN

10. Names and Addresses of Each Person Authorized to manage the Limited Liability Company

Titles AMBR/MGR	Name of Authorized Person	Street Address of Each Authorized Person	City / State / Zip
MGR	Sandra Gast	9820 Orange Park Trail	Boca Raton, FL. 33428
MGR	Nicholas Gast	9820 Orange Park Trail	Boca Raton, FL. 33428

REINSTATEMENT

2010 - 2013

S. HAWKES

JAN 28 A.M.

EXAMINER

11. I certify that I am an authorized person empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of Chapter 605, F.S., and that all fees owed by the limited liability company have been paid. 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 of Authorized Person *Sandra L Gast*

Date 1-13-14

Daytime Phone # 561-926-4245

Typed or printed name of signing Authorized Person Sandra L Gast



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 28, 2014

PHASE SERVICES, LLC
9820 ORANGE PARK TRAIL
BOCA RATON, FL 33428

SUBJECT: PSE ENTERPRISES, LLC
Ref. Number: W14000005651

We have received your document for PSE ENTERPRISES, LLC and your check(s) totaling \$793.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Our records indicate the current name of the entity is as it appears on the enclosed computer printout. Please correct the name throughout the document.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Suzanne Hawkes
Regulatory Specialist II

Letter Number: 014A00001838