


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**FILED**  
 07 AUG 10 PM 1:17  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**  **FLORIDA DEPARTMENT OF STATE**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **996000069920**  
 1. Corporation Name  
**P.S.M. (U.S.A.), INC**  
 W07-35414

2. Principal Office Address - No P.O. Box #  
**2450 WEST SAMPLE RD**  
 Suite, Apt. #, etc.  
**9**  
 City & State  
**POMPANO BEACH, FL**  
 Zip  
**33073** Country  
**USA**

3. Mailing Office Address  
**PO BOX 970469**  
 Suite, Apt. #, etc.  
 City & State  
**COCONUT CREEK, FL**  
 Zip  
**33097** Country  
**USA**

CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida  
**08/22/1996**

5. FEI Number  
**650689900** 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  
**ALBERT ABITBOL**

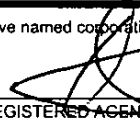
Street Address (P.O. Box Number is Not Acceptable)  
**1155 HILLSBORO MILE**

Suite, Apt. #, Etc.  
**206**

City  
**HILLSBORO BEACH** State  
**FL** Zip Code  
**33062**

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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  Date **JULY 18, 2007**

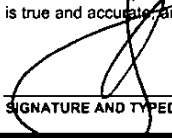
REGISTERED AGENT MUST SIGN

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
PD	ALBERT ABITBOL	1155 HILLSBORO MILE	HILLSBORO BEACH, FL 33062

REINSTATEMENT 08-07  
 600102385596  
 08/21/07 01053 005 \*\*450.00  
 RH

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 contained in Chapter 119, 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:  **ALBERT ABITBOL** Date **AUGUST 8, 2007** Daytime Phone # **561 394 9995**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2450 West Sample Road, Suite 9A  
Pompano Beach, FL 33073  
T. (561) 394 9995 F. (561) 394 6763 // E-mail: [cioptics@aol.com](mailto:cioptics@aol.com)

**Mailing Address: PO Box 970469, Coconut Creek FL 33097**

**P.S.M. (USA), INC**

**To:** Florida Department Of State

**Attn:** Corporation Reinstatement

**Date:** 7/18/2007

**From:** Alberi Abitbol

Per our conversation today, enclosed in our check for \$450 to reinstate P.S.M. (USA), INC. This check covers the annual fees for 2005, 2006 and 2007.

As we have not received the renewal notices due to a change of address, you have advised that no penalty charges will be incurred.

Sincerely,



Albert Abitbol