2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F0100006615							FILED					
1. Entity Name PSA CON		G ENGINEERS, IN						06	JUL 27	2: 2: 2	3	
							. 0		SECI			-
Principal Place of Business 3031 NW 64TH STREET			Mailing Address 3031 NW 64TH STREET			(LA		TALL	ÄH.	, 10k0	Ĺ,
STE 101 OKLAHOMA CITY, OK 73116			STE 101 OKLAHOM	A CITY, OK 731	16		X350	. 62 ini mati 88til 68	IN BU M BU M 11	LPICO DICIO MICOLI		
2. Principal Place of Business			3. Mailing Address					052 A 55				~~
Suite, Apt. #, etc.			Suite, Apt. #, etc.				06222006	SIMI	EM	5000	35-0	Ç
City & State			City & State				4. FEI Numb	-			Applied For	Ī
Zip	Zip Country		Zip Cou		Country	ıntry		of Status Desir	ed [Not Applicab Additional	ie
	6. Name	and Address of Current	Registered Ag	ent			7. Name and	Address of No	w Regist	Fee Res ered Agent		\exists
C T CORPORATION SYSTEM						Name						
1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324							Street Address (P.O. Box Number is Not Acceptable)					
	,				City					Zio Zio	Code	4
8 The above	named entity	submits this statement for	or the nuronse o	d changing its red		reniste	red agent or bo	th in the State	of Florida	FL		\Box
	ions of regist			i oranging its reg	giaterod office of	одизсо	rec agom, or bo	/ / /		_	with, and accep	"
SIGNATURE_	Serging, hyged	of the state of th	t and attend approprie	:ident (NOTE: R	egistered Agent elgnat	ture requi	red when reinstating	July	10, 2	7006 DATE		
FILE NOW!!! FEE IS \$900.00												
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TITLE	P	OFFICERS AND		 ☐ Delete	11.		ADDITIONS	CHANGES TO	OFFICERS	S AND DIREC		on
NAME		R, WILLIAM A			NAME STREET ADDRESS		3	0007 8/0601	846		-	
STREET ADDRESS CITY-ST-ZIP	3031 NW 64TH STREET, STE 101 OKLAHOMA CITY, OK CITY						08/0 	8/0601 	027	004 **	900.00	
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STREET ADDRESS CITY-ST-ZIP		64TH STREET, STE 1 MA CITY, OK	01		STREET ADORESS CITY-ST-ZIP							
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NAME	FAIR, MIC				NAME					_	_	
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NAME Street Address					NAME STREET ADDRESS							
CITY-ST-ZIP					CITY-ST-ZIP							╝
TITLE NAME				Delete	TITLE NAME					☐ Cha	inge 🗌 Additi	on
STREET ADDRESS					STREET ADDRESS							
CITY-ST-ZIP	certify that th	e information supplied wi	th this filling does	s not qualify for the	city-st-zip	ontaine	d in Chapter 11	9. Florida Statut	es. I furthe	er certify that	the information	\dashv
indicated of the cor	l on this repo rporation or t	rt or supplemental report he receiver or trustee emp achment with an address	is true and accu powered to exec	irate and that my oute this report as	signature shall ha required by Cha	ave the pter 60	same legal effe 7, Florida Statut	ct as if made ur es; and that my	nder oath; name app	that I am an o ears in Block	flicer or directo 10 or Block 11	r if
SIGNATURE: 622/06 405/840-1901 x 3005											5	
		SIGNATURE AND TYPED OR	PRINTED NAME OF	BIGNING OFFICER OR	DIRECTOR			Date		Daytime Ptx	one #	