

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR -2 PM 1:07

DOCUMENT # F02000003882

1. Corporation Name

PS Executive Centers, Inc.

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

10150 Highland Manor Drive

Suite, Apt. #, etc.

#200

City & State

Tampa, FL

Zip

33610

Country

Hillsborough

3. Mailing Office Address

10150 Highland Manor Drive

Suite, Apt. #, etc.

#200

City & State

Tampa, FL

Zip

33610

Country

Hillsborough

CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida 2002

5. FEI Number
34-1534432

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

Tracy Dolezal

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

10150 Highland Manor Drive

Suite, Apt. #, Etc.

#200

City

Tampa, FL

State

FL

Zip Code

33610

☒ 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

Tracy Dolezal

REGISTERED AGENT MUST SIGN

Date

3/28/08

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
S	Gerald A. Single	1991 Crocker Road, Suite 600	Westlake, OH 44145
P	Richard Butterfield	1991 Crocker Road, Suite 600	Westlake, OH 44145
V	Tracy Dolezal	1991 Crocker Road, Suite 600	Westlake, OH 44145
	REINSTATEMENT	06-08 B 4/3/X	
			04/02/08--01034--013 **450.00

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:

Tracy Dolezal

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/08

Date

440.892.3300

Daytime Phone #