

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

07 JUL 10 PM 12:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F02000003957

1. Corporation Name

PMSI Southeast, Inc.

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

2610 Masters Blvd.

Suite, Apt. #, etc.

City & State

Navarre, FL

Zip
32566

Country
USA

3. Mailing Office Address

2900 Bristol Street

Suite, Apt. #, etc.

Suite #H202

City & State

Costa Mesa

Zip
CA

Country
USA

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

08/02/02

5. FEI Number

75-3001103

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$9.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
C T Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Suite, Apt. #, Etc.

City
Plantation

State
FL

Zip Code
33324

☐ 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.

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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

M. T. Z. Allen
REGISTERED AGENT MUST SIGN

Date

July 9, 2007

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
Pres/Sec	Richard D. Engel	2900 Bristol Street, Suite H202	Costa Mesa, CA 92626
CFO	Richard D. Engel	2900 Bristol Street, Suite H202	Costa Mesa, CA 92626
Director	Richard D. Engel	2900 Bristol Street, Suite H202	Costa Mesa, CA 92626
V.P.	Michael Smith	2610 Masters Blvd.	Navarre, FL 32566

REINSTATEMENT 07-07

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:

Richard D. Engel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/07
Date

714-427-6900
Daytime Phone #