

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

DOCUMENT # **M88031**

99 OCT 14 PH 4:21

1. Corporation Name
PSI COMMUNICATIONS, INC.

Principal Place of Business 5207 WASHINGTON BLVD TAMPA FL 33619 US	Mailing Address 5207 WASHINGTON BLVD TAMPA FL 33619 US
---	---



REINSTATEMENT *gg*

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida 07/01/1988
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number 59-2902205
City & State	City & State	Applied For Not Applicable
Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
DPT	CHERRY, GLENN W DR.	5207 WASHINGTON BLVD	TAMPA FL 33619
VS	CHERRY, CHARLES W II	121 N.W. 6TH AVENUE	FT. LAUDERDALE FL 33311
			800003021098--5 -10/21/99--01070--029 ****758.75 ****758.75
			<i>10/10/99</i>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CHERRY, CHARLES W II
 5207 WASHINGTON BLVD
 TAMPA FL 33619

Name
Dr. Glenn Cherry
 Street Address (P.O. Box Number is Not Acceptable)
5207 Washington Blvd
 Suite, Apt. #, Etc.

City
Tampa State
 FL Zip Code
 33619

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *Glenn W. Cherry*
 REGISTERED AGENT MUST SIGN

Date *10-12-99*

11. 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 under section 119.07(3)(i), 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: *Glenn W. Cherry* **Glenn W. Cherry** 10/12/99 813-620-1300
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # X 11

CR2E040 (8/98)