


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



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

FILED

01 DEC -3 PM 3:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M 88061

1. Corporation Name

Psi Communications, Inc

500004717045--6
-12/10/01--01092--019
***908.75 ***908.75

2. Principal Office Address 5207 Washington Blvd.		3. Mailing Office Address Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Tampa, FL		City & State	
Zip 33614	Country USA	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 1988		Applied For	
5. FEI Number 59-2902205		Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>			

7. Name and Address of Current Registered Agent

Name Glenn W. Cherry	
Street Address (P.O. Box Number is Not Acceptable) 5207 Washington Blvd.	
Suite, Apt. #, Etc.	
City Tampa	State FL
	Zip Code 33614

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: Glenn W. Cherry Date: 11/26/01

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
D.P.T.	Glenn W. Cherry	5207 Washington Blvd.	Tampa, FL 33614
V.S.D.	Charles W. Cherry II	427 S. Martin Luther King, Jr. Blvd.	Daytona Beach, FL 32114

REINSTATEMENT 01 TO

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 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 11/26/01 813-620-1300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #