FILING CANCELLED
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11 APR -4 PM 4:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N09000010867

1. Entity Name
UPSILON PSI INC.

Principal Place of Business
833 LIBERTY ST
TALLAHASSEE, FL 32301

Mailing Address
833 LIBERTY ST
TALLAHASSEE, FL 32301

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip | Country

Zip | Country

04042011 REIN-NP CR2E099 (1/07)

4. FEI Number | Applied For | Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, JASON
833 LIBERTY ST
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name Joash Gonsalves

Street Address (P.O. Box Number is Not Acceptable) 833 Liberty St.

City Tallahassee FL Zip Code 32301

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ 4-4-2011
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $297.50

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D ☑ Delete	TITLE	President ☑ Change ☐ Addition
NAME	LITTLE, ROBERT	NAME	Tavares Williams
STREET ADDRESS	833 LIBERTY ST	STREET ADDRESS	833 Liberty St.
CITY-ST-ZIP	TALLAHASSEE, FL 32301	CITY-ST-ZIP	Tallahassee, FL. 32301
TITLE	D ☑ Delete	TITLE	Vice president ☑ Change ☐ Addition
NAME	JOHNSON, JASON	NAME	Joash Gonsalves
STREET ADDRESS	833 LIBERTY ST	STREET ADDRESS	833 Liberty St.
CITY-ST-ZIP	TALLAHASSEE, FL 32301	CITY-ST-ZIP	Tallahassee, FL. 32301
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	000200419010
STREET ADDRESS		STREET ADDRESS	04/04/11--01035--016 **70.00
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	000200419010
STREET ADDRESS		STREET ADDRESS	04/05/11--01001--016 **227.50
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/4/11 (954)464-8272
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

SH