

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAR 15 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N34021**

1. Corporation Name **THE P.S.K. ALUMNI ASSOCIATION, INC**

2. Principal Office Address
2203 W PENSACOLA ST

3. Mailing Office Address
SAME

Suite, Apt. #, etc.
ES

Suite, Apt. #, etc.

City & State
TALLAHASSEE FL

City & State

Zip Country
32304

Zip Country

REINSTATEMENT 97-05

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

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 **ED W SMITH**

Street Address (P.O. Box Number is Not Acceptable)
2203 W PENSACOLA STREET

800048845918
03/22/05--01019--008 **726 25

Suite, Apt. #, Etc.
ES

City
TALLAHASSEE

State
FL

Zip Code
32304

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 **[Signature]**

Date **3-15-05**

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
PO	ED W SMITH	2203 W PENSACOLA ST, ES TALLAHASSEE FL 32304	
UPD	STEVE FRANKLIN	28 WHITE AVENUE	WORCESTER, MA
D	MATTHEW TOWNLIN	3103 COLLETS PARK	TALLAHASSEE FL 32309

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: **[Signature]**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-05

Date

813-728-6811

Daytime Phone #

CR2E081 (01/05)