

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

**FILED**

02 FEB -8 PM 4:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P000000 39299

1. Corporation Name

PSIC USA, INC.

2. Principal Office Address

1040 BAYVIEW DR

Suite, Apt. #, etc.

428

City & State

Fort Lauderdale FL

Zip

33304

Country

BWD

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

65-1000496

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

MYRIAM D MARTINEZ

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

5513 H Military Tr

Suite, Apt. #, Etc.

704

City

BOCA RATON

100004954581-6

02/19/02-01016-021

\*\*\*300.00 \*\*\*00.00

State

FL

Zip Code

33496

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

*Myriam D Martinez*  
REGISTERED AGENT MUST SIGN

Date 2/5/02

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
P/D	JAVIER JASBON	1040 BAYVIEW DR 428	Ft Lauderdale FL 33304
VP/D S	MYRIAM D MARTINEZ	5513 H Military Tr	BOCA RATON FL 33496

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:

*Myriam D Martinez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/5/02 954 5636322

Daytime Phone #

CR2081 (9/01)

ZelZ

Asic USA, Inc.  
1040 Bayview Dr. Suite 428  
Ft Lauderdale, FL 33304  
(954) 563-6322

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February 5, 2002

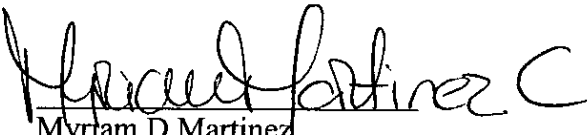
Florida Department of State  
Reinstatement Section  
PO BOX 6327  
Tallahassee, FL 32314

REF: Doc # POOOOOO39299

Dear Sir or Madam:

We are including a Reinstatement application with our check for \$300.00. We never received the form for year 2001, therefore the fees were never paid. We had moved and our mail was lost. We did not realize that we had not paid.

Thank you,

  
Myrram D Martinez  
V. President