

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1-2

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAY -3 PM 4:21

DOCUMENT # P00000059583

1. Corporation Name

POSEIDON DESIGN SERVICE, INC.

Principal Place of Business

7809 W COMMERCIAL BLVD
TAMARAC FL 33351

Mailing Address

7809 W COMMERCIAL BLVD
TAMARAC FL 33351

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/20/2000

5. FEI Number

65-101623

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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 |
|---------------|---|--|-------------------------|
| D | PERSINGER, NEIL B | 7809 W COMMERCIAL BLVD | TAMARAC FL 33351 |
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000005598610--3
-05/23/02--01004--019
****150.00 ****150.00

8. Name and Address of Current Registered Agent

PERSINGER, NEIL B
7809 W COMMERCIAL BLVD
TAMARAC FL 33351

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

4-29-02

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/01)

- 2.

POSEIDON DESIGN SERVICE, INC.

7809 W. Commercial Blvd.

Tamarac, Florida 33351

(954) 722-4859

April 29, 2002

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: POSEIDON DESIGN SERVICE, INC
FED ID# 65-1011623

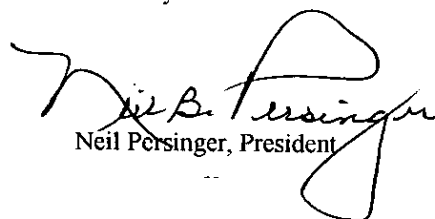
Gentlemen:

Upon receiving Notice of Administrative Dissolution or Revocation form and a later telephone call to the Department of State Division of Corporations, we found that my company has been dissolved for not mailing it on time. However, I mailed the form bearing my signature with a \$150.00 check payable to the Department of State on April 27, 2002 (copy enclosed)

Since the time I mailed the Annual Report or Uniform Business Report until the present time, we have not received any other notices from your Department or Division to the effect that the 2001 filing was defective.

Please, abate the \$400.00 penalty and accept our current check for \$150.00 in payment of calendar year 2002.

Sincerely


Neil Persinger, President

NP:moi

Enclosures