

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

paye/02

CORPORATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 28 PM 3:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P0000076454

1. Corporation Name

PSB Services Inc.

2. Principal Office Address

303 SE 17th Street

Suite, Apt. #, etc.

Suite 102

City & State

Ocala FL

Zip

34471

Country

USA

3. Mailing Office Address

2035 Salem Pkwy

Suite, Apt. #, etc.

City & State

Westlake, Ohio

Zip

44145

Country

USA

100008618631

10/28/02--01064--013 \*\*150.00

4. Date Incorporated or Qualified  
To Do Business in Florida

8/11/2000

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

Paul S. Burzlaff

Street Address P.O. Box Number is Not Acceptable

303 SE 17th Street

Suite, Apt. #, Etc.

Suite 102

City

Ocala

State

FL

Zip Code

34471

8. I, being appointed to registered agent of the above named corporation, am familiar with and accept the obligations of section .55 or .5, F.S.

Signature of  
Registered Agent

Paul S. Burzlaff

REGISTERED AGENT MUST SIGN

Date

10/22/2002

9. Names and Street Addresses of Each Officer and/or Director Florida nonprofit corporations must list at least directors

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
POD	Paul Burzlaff	2035 Salem Pkwy	Westlake, OH. 44145
SID	(Suzanne) Suzanne Burzlaff	2035 Salem Pkwy	Westlake, OH. 44145

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, F.S. I further certify that in filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.01, 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 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:

Paul S. Burzlaff

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/22/2002

Daytime Phone #

(440) 835-3050

CR2E081 (9/01)

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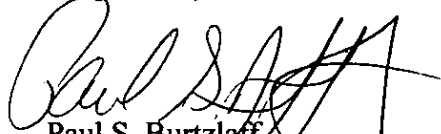
Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, Fl. 32314

RE: Reinstatement of Corporation

To Whom It May Concern:

PSB Services was declared inactive and I wish to have it reinstated. I respectfully request a waiver of penalty fees due to the fact that I did not receive previous notices. I am enclosing the reinstatement fee of \$150.00. Thank you for your time and consideration.

Respectfully,



Paul S. Burtzlaff  
(440) 835-3050 Daytime  
(440) 892-9493 Evening  
(440) 915-7729 Cell