


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P00000091558**

1. Corporation Name

PUBLIC SAFETY CONSULTANTS, INC.

Principal Place of Business

**8492 CONGRESSIONAL DR.
TALLAHASSEE FL 32312**

Mailing Address

**8492 CONGRESSIONAL DR.
TALLAHASSEE FL 32312**

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

09/28/2000

5. FEI Number **59-3679088**

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
PRES.	GERALD DUFFORD	8492 CONGRESSIONAL DR	TALLAHASSEE FL 32312
VP/ARB.	STEVE PLATT	1415 GATEWAY RD	JACKSONVILLE FL 32225

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-12/27/01--01034--004

*****150.00 ***150.00**

8. Name and Address of Current Registered Agent

**HUNTER, CURTIS B
1300 THOMASWOOD DR.
TALLAHASSEE FL 31312**

9. Name and Address of New Registered Agent

Name

GERALD DUFFORD

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

8492 CONGRESSIONAL DR

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32312

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

Gerald Dufford
REGISTERED AGENT MUST SIGN

Date **11-8-01**

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:

Gerald Dufford
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **11-8-01**

mw
Daytime Phone # **850 410 8328**

CR2040 (8/01)



Laboratories & Public Safety Facilities

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Nov. 8, 2001

Dear Sir/Madam:

Please find enclosed our application for reinstatement accompanied with a check for \$150.00. I contacted you agency yesterday to query as to why we had to pay \$750 for reinstatement. Your representative informed me it was because we failed to file the annual report form. I explained we had not received this form and being a corporation in it's first year of existence, with the absence of this form were not aware that this form was due.

Your representative then told me to write this letter explaining the reason for not filing, include the application for reinstatement, and include a check for \$150. Please find the enclosed check.

Should this letter not suffice, please contact us as soon as possible.

Sincerely,

Gerald H. Dufford