


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 01 DEC 17 PM 2:55

DOCUMENT # P0000098669

1. Corporation Name
PS INVESTMENT GROUP, INC.

Principal Place of Business Mailing Address

~~26300 RAMPART BLVD. UNIT E
 PUNTA GORDA FL 33983~~ ~~26300 RAMPART BLVD. UNIT E
 PUNTA GORDA FL 33983~~

REINSTATEMENT

0620-01 90010 028 \$150.00

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

2. New Principal Office Address, If Applicable
14369 PUMBAR RD,
 Suite, Apt. #, etc.

3. New Mailing Office Address, if Applicable
14369 PUMBAR RD,
 Suite, Apt. #, etc.

City & State **PORT CHARLOTTE, FL** City & State **PORT CHARLOTTE, FL**

Zip **33953** Country **CHARLOTTE** Zip **33983** Country **CHARLOTTE**

4. Date Incorporated or Qualified To Do Business in Florida
10/18/2000

5. FEI Number
65-1046122

Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED - **SI** \$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	PATEL, SANDIP	26300 RAMPART BLVD. UNIT E	PUNTA GORDA FL 33983
			500004742115--6 12/23/01--01016--013 ****600.00 ****600.00

8. Name and Address of Current Registered Agent

PATEL, SANDIP
26300 RAMPART BLVD. UNIT E
PUNTA GORDA FL 33983

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  **SIGNATURE REQUIRED** Date **10/15/01**

REGISTERED AGENT MUST SIGN

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 REQUIRED **10/15/01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR26040 (8/01)