

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
FLORIDA DEPARTMENT OF STATE  
Harris  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 DEC -5 PM 4:00

DOCUMENT # P00000104769

1. Corporation Name

PSI2, INC.

Principal Place of Business

Mailing Address

5700 S W 89TH PLACE  
OCALA FL 34476

5700 S W 89TH PLACE  
OCALA FL 34476



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

11/08/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

84-1115375

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PTD	SULLIVAN, PAUL	5700 S W 89TH PLACE	OCALA FL 34476
VSD	SULLIVAN, CLAUDIS L	5700 S W 89TH PLACE	OCALA FL 34476
			900004741639--2 -12/27/01--01057--012 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SULLIVAN, PAUL  
5700 S W 89TH PLACE  
OCALA FL 34476

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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 10-26-01

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-26-01

CR2040 (8/01)

TO: State of Florida, Department of State

FR: PSI2, Inc

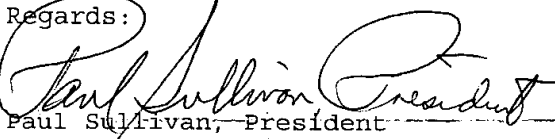
RE: Document Number : P00000104769 Application of reinstatement due to not filing its 2001 corporation annual report/uniform business report.

Dear State,

As per my conversation with one of your agents, it has been agreed that I may send this letter of explanation and a check for \$150.00 to execute the reinstatement of corporate status for PSI2, Inc.

I have indicated to your State agent on the phone that no forms for the filing of a corporate annual report/uniform business report was ever received at this address or my accountants address for the year of 2001. Since this corporation is new to the State of Florida, I am not familiar with all the proper paper work required but can assure you that this failure will not occur again as this notice shall be posted on my calander and any failure to receive the necessary documents will cause me to contact the State before the end of January. I hope this will resolve any and all problems as I wish to remain a Corporation in good standing. Please find the enclosed check for \$150.00 and accept my appologies for this mis-communication.

Regards:

  
Paul Sullivan, President 10-26-01