


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000104769		
1. Entity Name PSI2, INC.		

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 OCT 21 PM 2:45

Principal Place of Business 5700 S W 89TH PLACE OCALA, FL 34476	Mailing Address 5700 S W 89TH PLACE OCALA, FL 34476
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REINSTATEMENT 05



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

10082005 REIN-P CR2E098 (6/04)

4. FEI Number 84-1115375	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SULLIVAN, PAUL 5700 S W 89TH PLACE OCALA, FL 34476		7. Name and Address of New Registered Agent Name <u>CLAUDIA L. SULLIVAN</u> Street Address (P.O. Box Number is Not Acceptable) <u>5700 SW 89th Place</u> City <u>OCALA</u> FL Zip Code <u>34476</u>	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Claudia L. Sullivan Claudia L. Sullivan President 10-18-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2006, Fee will be \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD SULLIVAN, PAUL 5700 S W 89TH PLACE OCALA, FL 34476 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/V/T/S/D CLAUDIA L. SULLIVAN 5700 SW 89th PLACE OCALA, FL 34476 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SULLIVAN, CLAUDIS L 5700 S W 89TH PLACE OCALA, FL 34476 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800060855698 10/21/05--01030--024 **758 75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Claudia L. Sullivan Claudia L. Sullivan 10-18-05 (352)291-1599
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #