

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

03 OCT 29 PM 5:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000043818

1. Corporation Name

PSN PROPERTIES, INC.

Principal Place of Business

113 GORNT0 LAKE ROAD  
BRANDON FL 33510

Mailing Address

113 GORNT0 LAKE ROAD  
BRANDON FL 33510

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04/30/2001

5. FEI Number

65-0716105

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	CABAN, FRANCIS A	113 GORNT0 LAKE ROAD	BRANDON FL 33510
DST	CABAN, ANA MARIE	113 GORNT0 LAKE ROAD	BRANDON FL 33510
DV	CABAN, FRANCIS P	113 GORNT0 LAKE ROAD	BRANDON FL 33510
DV	CABAN, STEPHAN I	113 GORNT0 LAKE ROAD	BRANDON FL 33510
DV	CABAN, NATALIE K	113 GORNT0 LAKE ROAD	BRANDON FL 33510

8. Name and Address of Current Registered Agent

CABAN, FRANCIS A  
113 GORNT0 LAKE ROAD  
BRANDON FL 33510

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

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. or 617.0505, F.S.

Signature of  
Registered Agent

Francis A. Caban

REGISTERED AGENT MUST SIGN

Date

10/22/03

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:

Francis A. Caban

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/22/03 (813) 657-3709

Daytime Phone #

CR2E040 (7/03)

0252

PSN Properties, INC.  
113 Gornito Lake Rd  
Brandon, FL 33510

CERTIFIED LETTER WITH RETURN RECEIPT

October 20, 2003

Florida Department of State  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 32314-6327

Re: P01000043818  
2003 UBR

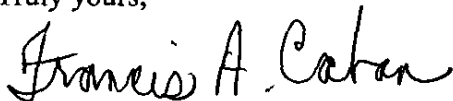
Dear Gentlemen:

As per our telephone conversation today with your Department of Corporation, enclosed please find our check in the amount of \$150.00.

Please be advised that we never received the prior notice of our corporate renewals for that reason, we hereby request from you to waive the late fees.

Your prompt processing of our corporate renewal will be greatly appreciated.

Truly yours,



Francis Caban  
President