2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000051659

16669 HEMINGWAY DRIVE

WESTON, FL 33326 US

Address:

City-St-Zip:

FILED May 15, 2006 Secretary of State

Entity Nar	ne: PSIGEN	NERAL PA	RTNER, INC.						
Current Principal Place of Business:					New Principal Place of Business:				
	TH COURT) BEACH, FL	33064							
Current Mailing Address:					New Mailing Address:				
	TH COURT) BEACH, FL	33064							
FEI Number:	32-0012776	FEI Nur	nber Applied For()	FEI Num	ber Not Appl	icable ()	Certific	ate of Status Desired (X)	
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:				
	NY TH COURT) BEACH, FL	33064	US		FRUGE, FI 601 NE 26 ⁻ POMPANC	TH COURT		US	
	named entity of Florida.	submits t	his statement for the p	urpose of	changing it	s registere	d office or i	registered agent, or both,	
SIGNATURE: FRANKIE FRUGE					05/15/2006				
	Electro	nic Signa	ture of Registered Age	nt				Date	
		. , . , .	S., the corporation did no nd Contribution ().	t receive th	ne prior notic	e.			
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	MS (FRUGE, FRAN 281 SE 3RD (POMPANO BE	COURT	3060 US		Title: Name: Address: City-St-Zip:		() Change	() Addition	
Title: Name: Address: City-St-Zip:	MR. (MILLS, TONY 520 JEFFERS DEERFIELD E	SON DRIVE#			Title: Name: Address: City-St-Zip:		() Change	() Addition	
Title: Name: Address: City-St-Zip:	WEITH, FRAN	AGOON DRI	VE, SUITE 100		Title: Name: Address: City-St-Zip:		() Change	() Addition	
Title: Name:	MR (HODGSON, M) Delete IICHAEL VF	E		Title: Name:	MR HODGSON,	(X) Change MICHAEL V	• •	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

601 NE 26TH COURT

POMPANO BEACH, FL 33064 US

SIGNATURE: FRANKIE FRUGE **CFO** 05/15/2006