

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

04 FEB -5 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000062020

1. Corporation Name

PSS INVESTMENTS, INC.

Principal Place of Business

Mailing Address

1717 SE LINPARK CT
PORT ST LUCIE FL 34952

1717 SE LINPARK CT
PORT ST LUCIE FL 34952

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

REINSTATEMENT

03-04



500025186165

12/03/03--01008--030 **600.00

4. Date Incorporated or Qualified
To Do Business in Florida

06/05/2002

5. FEI Number

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	PETRONI, ANTONIO	1717 SE LINPARK CT	PORT ST LUCIE FL 34952
D	SCAROGNI, MASSIMO	1965 BOLTON AVE	PORT ST LUCIE FL 34952
D	SCAROGNI, STEFANO	620 CLARENCE AVE	BRONX NY 10465
			500025186165 01/26/04--01071--018 **150.00
			500025186165 02/05/04--01066--007 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PETRONI, ANTONIO
1717 SE LINPARK CT
PORT ST LUCIE FL 34952

Name

PETRONI, ANTONIO

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

1965 SE BOLTON AVE

Suite, Apt. #, Etc.

PORT ST LUCIE,

City

State

Zip Code

FL

34952

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

Antonio Petroni

REGISTERED AGENT MUST SIGN

Date

11-22-03

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:

Antonio Petroni

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-22-03

Daytime Phone #

772
335-1392