

2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

08 FEB 27 PM 3:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 07-08

DOCUMENT # P02000083460 1. Entity Name PROPERTY SOLUTIONS ASSOCIATES, INC.					
Principal Place of Business 1421 NW 15TH ST. #102 SUNRISE FL 33323			Mailing Address 1421 NW 15TH ST. SUNRISE FL 33323		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 56-2284416	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent LARRY GOLDSTEIN 1421 NW 15TH ST #102 SUNRISE FL 33323				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GOLDSTEIN, LARRY 1421 NW 15TH ST. #102 SUNRISE FL 33323	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	400118926074 02/27/08--01023--024 **900.00	
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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 exemptions contained 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 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:			LARRY GOLDSTEIN		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 2/20/08 954-326-8797		

gc 2/28