

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000123233

1. Corporation Name

PSC Realty, Inc.

2. Principal Office Address

245 N Ocean Blvd. #304

Suite, Apt. #, etc.

City & State

Deerfield Beach, FL

Zip

33441

Country

USA

3. Mailing Office Address

109 N. Bridge Street

Suite, Apt. #, etc.

City & State

Elkton, MD

Zip

21921

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/18/2002

5. FEI Number
11-3670560

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

FILED

04 MAY -7 PM 3:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-04

7. Name and Address of Current Registered Agent

Name

Stephen A. Ziskind

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

245 N Ocean Blvd. #304

Suite, Apt. #, Etc.

City

Deerfield Beach

State

FL

Zip Code

33441

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date May 3, 2004

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Stephen A. Ziskind	245 N Ocean Blvd. #304	Deerfield Beach, FL 33441

10. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/3/2004

Date

410-392-0177

Daytime Phone #

CR2E081 (01/04)