

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 AUG 14 AM 3:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

PO 3000038850  
PSK Investment Group Inc.

2. Principal Office Address - No P.O. Box #

412 NW 111 Ave

Suite, Apt. #, etc.

Coral Springs

City & State

FL.

Zip

33071

Country

Power

3. Mailing Office Address

Suite, Apt. #, etc.

Same

City & State

Zip

Country

REINSTATEMENT 04-07

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

39 3770809

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name SPIRO PAPPAS

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

412 NW 111 Ave

Suite, Apt. #, Etc.

Coral Springs

City

State  
FL

Zip Code

33071

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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 8/13/2007

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.	SPIRO PAPPAS	412 NW 111 Ave	Coral Springs FL 33071

300108046793  
08/14/07--01040--005 \*\*458.75

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 contained in Chapter 119, 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:

SPIRO PAPPAS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/13/2007 954 461531 7

Date

Daytime Phone #

2022

To whom it may concern,

Accordingly to one of your representative My report for 2004 was filed ,  
but it was returned

back to me to an incorrect address , there for I never received it.

Please use funds from 2004 plus a check in the amount of \$458.75 for the  
reinstatement.

Thank you ,  
Spiro Pappas  
412 NW 111 Ave  
Coral Springs , Fl 33071

Re P03000038850