PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

14 FEB 28 PM 2:16

SECRETARY OF STATE
TALLAHASSEE FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E081 (11/10)

DOCUMENT # P11000066114

1. Corporation Name

The Property Sciences Group, Inc.

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
395 Taylor Blvd		395 Taylor Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 250		Suite 250	
City & State		City & State	
Pleasant Hill, CA		Pleasant Hill, CA	
Zip	Country	Zip	Country
94523	USA	94523	USA

4. Date Incorporated or Qualified To Do Business in Florida
August 22, 2011

5. Fei Number
68-0030262
☐ 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
Incorp Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)
17888 67th Court North

Suite, Apt. #, etc.

City	State	Zip Code
Loxahatchee	FL	33470

500257310225
02/28/14--01038--019 **105.00

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: for Incorp Services, Inc. Date: 01-28-2014
REGISTERED AGENT MUST SIGN

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
CEO & Founder	Paul Chandler	3130 La Playa Ct	Lafayette, CA 94549
Vice President	David Kim	5855 Horton St #412	Emeryville, CA 94608
	MAR - 3 2014	REINSTATEMENT 2012 - 2014	
	L. SELLERS		

10. E-mail Address: david.kim@propsci.com suzanne.mcnutt@propsci.com
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: 2/28/14 925-246-7300
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #