

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

20 JUN 15 PM 3:56

DOCUMENT # *P12000055795*

Corporation Name

PSK and Company Florida Inc

700344560567
06/16/20--01026--001 **406.25

700344560567
05/12/20--01003--021 **793.75

Principal Office Address - No P.O. Box #

1910 Wells Rd

Suite, Apt. #, etc.

#VC 04

City & State

Orange Park FL

Zip

32073

Country

USA

3. Mailing Office Address

1240 Autumn Lines Dr

Suite, Apt. #, etc.

City & State

Orange Park FL

Zip

32073

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

06/21/2012

5. FEI Number

45-5566201

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Clara Park

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

1240 Autumn Lines Dr

Suite, Apt. #, Etc.

City

Orange Park

State

FL

Zip Code

32073

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

[Signature]

Date

05.08.2020

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
<i>P</i>	<i>Sun-jung Clara Park</i>	<i>1240 Autumn Lines Dr</i>	<i>Orange Park, FL 32073</i>

10. E-mail Address: *junglee@jstee-ty.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:

[Signature]

05.08.2020

(904) 707-5270