PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 NOV 15 PM 3:18

DOCUMENT # P15846

1. Corporation Name

H. P. S. I., INC.

2. Principal Office Address	3. Mailing Office Address
1360 REYNOLDS AVE	1360 REYNOLDS AVE
Suite, Apt. #, etc.: STE 101	Suite, Apt. #, etc.: STE 101
City & State: IRVINE CA	City & State: IRVINE CA
Zip: 92614 Country: USA	Zip: 92614 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 4 SEP 87

5. FEI Number: 95-2893718 ☐ 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: CT CORPORATION SYSTEM

600042799926
11/16/04 01075-001 **750.00

Street Address (P.O. Box Number is Not Acceptable): 1200 S. PINE ISLAND ROAD

Suite, Apt. #, Etc.:

REINSTATEMENT 2004

City: PLANTATION FL Zip Code: 33324

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: 4 NOV 04

REGISTERED AGENT MUST SIGN

CR2E031 (01/04)

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
P/D	ERIK LARSEN	1360 REYNOLDS AVE STE101	IRVINE / CA / 92614
C/D	BLAINE S. LINDAHL	1360 REYNOLDS AVE STE101	IRVINE / CA / 92614
S/D	KIRKMAN LINDAHL	1360 REYNOLDS AVE STE 101	IRVINE / CA / 92614
AS/D	DAVID LINDAHL	1360 REYNOLDS AVE STE 101	IRVINE / CA / 92614
AS/D	JAMES WHITESIDES	1360 REYNOLDS AVE STE 101	IRVINE / CA / 92614
T/D	JAMES LINDAHL	1360 REYNOLDS AVE STE101	IRVINE / CA / 92614

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] JAMES B. WHITESIDES 2 NOV 04 949-250 4774

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Names of Officers and/or Directors Continued

D	Elizabeth Robinson	1360 Reynolds Ave. Ste 101	Irvine/CA/92614