

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 25 PM 12:05

DOCUMENT # P94000028690

1. Corporation Name

PCSD, INC.

Principal Place of Business

Mailing Address

3805 C. TAMiami TRAIL
PORT CHARLOTTE FL 33950

3805 C. TAMiami TRAIL
PORT CHARLOTTE FL 33950



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

04/12/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0480227

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

Zip 33952 Country

Zip 33952 Country

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PT	HAMSHARIE, SAM	26029 CONSTATINTANE RD	PUNTA GORDA FL
S.	HAMSHARIE, DEBORAH	26029 CONSTANTINE RD	PUNTA GORDA FL
			200004679262--6
			-11/14/01--01082--020
			***158.75 ***158.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

HAMSHARIE, SAM
26029 CONSTANTINE ROAD
PUNTA GORDA FL 33983

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

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., 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

Date

Daytime Phone #

10-220

904-624-5445

PCSD, INC.
3805C TAMiami TRAIL
PORT CHARLOTTE, FL 33952

October 22, 2001

Florida Dept. of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Corporate Name: PCSD, Inc.
ID # 65-0480227
Document # P94000028690
Application for Reinstatement

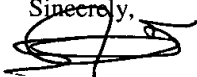
Dear Sir/Madam:

Notification of Dissolution of my above-referenced corporation was received by me on October 19, 2001. I have never received the renewal or the second notice of intent to dissolve. In reviewing the notification, I note that the zip code is incorrect and may be part of the reason that prior mailings were never received.

I am enclosing the Reinstatement Application, together with my corporate check in the amount of \$158.75 (\$150 as the fee and \$8.75 for a certificate of status). Kindly reinstate my corporation and return a certificate of status in the enclosed self-addressed stamped envelope.

Thank you.

Sincerely,



SAM A. HAMSHARIE
President