

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAY 16 AM 8:40

DOCUMENT # P94000033373

1. Corporation Name

P.S. INVESTIGATORS, INC

2. Principal Office Address

4999 W 8 AVE

Suite, Apt. #, etc.

Suite # 7

City & State

Hialeah, FL

Zip

33012

Country

Miami Dade

3. Mailing Office Address

P.O. BOX 4534

Suite, Apt. #, etc.

City & State

Miami Lakes

Zip

33014

Country

Miami Dade

REINSTATEMENT 95-01

4. Date Incorporated or Qualified To Do Business in Florida

05-03-01

5. FEI Number

65-0580897

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

Esther Del Rio

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

118 SW 27th AVE

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33135

1500.00 - ADM
61.25 - AG
88.75 - ARS/SP

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 5/15/01

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
PSD	Esther Del Rio	1215 W 72 St	Hialeah, FL 33012
			200004342092--4 05/05/01-D1074-012 ***1650.00 ***1650.00
			8/5/01

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-14-01

Date

305-458-2914

Daytime Phone #