

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

05 JUL 19 AM 11:19

DOCUMENT # *1940000 84045*

1. Corporation Name

P.S.G. Group, Inc

2. Principal Office Address

1845 West Orange Ave

Suite, Apt. #, etc.

301

City & State

Orange, CA

Zip

92868

Country

USA

3. Mailing Office Address

5209 Cleveland Street

Suite, Apt. #, etc.

City & State

Hollywood FL

Zip

33021

Country

USA

REINSTATEMENT 03-05

4. Date Incorporated or Qualified
To Do Business in Florida

11-17-1994

5. FEI Number

65-0704574

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

Darlene LaBarca

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

5209 Cleveland Street

Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33021

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

Darlene LaBarca

REGISTERED AGENT MUST SIGN

Date

7-8-05

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>Paul Gaudreau</i>	<i>12 Vista Montemar</i>	<i>Laguna Hills, CA 92653</i>

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07/27/05--01043--004 **1050.00

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 115.07(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

P. Gaudreau

Date

7-8-05

Daytime Phone #

714-712-4848

CR2001 (01/05)