

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

97 JAN 27 AM 11:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000007767

1. Corporation Name

PC Solutions, Inc.

Principal Place of Business

Mailing Address

2101 NW 33rd Street  
Suite 2300A  
Pompano Beach, Fl. 33069

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

**REINSTATEMENT** 96-97

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1/30/95	
City & State		City & State		5. FEI Number	
Zip		Country		65-0554146	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/C/T	Paul A. Stern	275 NE Olive Way	Boca Raton, Fl. 33432
V/S	Stuart R. Cantin	612 NW 11th Terr.	Coral Springs, Fl. 33071
D	Jerry Cohen	7695 Doubleton Dr.	Delray Bch. Fl. 33446

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-01/23/97--01033--010  
\*\*\*\*823.75 \*\*\*\*823.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PAUL A STERN  
PC SOLUTIONS, INC.  
2101 NW 33 STREET  
SUITE #2300A  
POMPAHO BEACH FL 33069

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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

*Paul A. Stern*

REGISTERED AGENT MUST SIGN

Date

1/23/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information on intangible tax.)

12. 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:

*Paul A. Stern*

Paul A. Stern

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/97  
Date

954-978-1911  
Daytime Phone #

CR2E040 (12/96)