

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

00 NOV 20 PM 5:11

DOCUMENT # P95000069021

1. Corporation Name

P.S.E.D., INC.

Principal Place of Business

Mailing Address

10258 RIVERSIDE DR., #6
PALM BEACH GARDENS FL 33410

10258 RIVERSIDE DR., #6
PALM BEACH GARDENS FL 33410



REINSTATEMENT

DD

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

09/06/1995

Suite, Apt. #, etc.

13049 Indian Town RD.

Suite, Apt. #, etc.

13049 Indian Town RD

City & State

Jupiter, FL

City & State

Jupiter, FL

Zip

33478

Country

U.S.

Zip

33478

Country

U.S.

5. FEI Number

65-0614209

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	SUTTON, PETER	10258 RIVERSIDE DR., #6	PALM BEACH GARDENS FL 33410

600003493056-4
-12/11/00--01026--007
***750.00 ***750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SUTTON, PETER
10258 RIVERSIDE DR., #6
PALM BEACH GARDENS FL 33410

Name

MARISSA CARMACK

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

3140 Sherwood Blvd.

Suite, Apt. #, Etc.

City

DeLray Beach

State

FL

Zip Code

33445

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

Man Carmack

Date

11-15-00

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 #

11-15-00

11/15/00

CR2E040 (8/00)