

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

5. FEI Number

65-0614209

Applied For

Not Applicable

City & State
Jupiter, FL

City & State
Jupiter, FL

Zip
33478

Country
U.S.

Zip
33478

Country
U.S.

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 | 2 | 3 | 4 |
|----------|-----------------------------------|--|-----------------------------|
| Title(s) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
| D | SUTTON, PETER | 10258 RIVERSIDE DR., #6 | PALM BEACH GARDENS FL 33410 |
| | | | |
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608883493056-4
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 ****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 CAKMAKCI
 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 Catalina
 REGISTERED AGENT MUST SIGN

Date **11-15-00**

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.

[Handwritten Signature]

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-15-00

CR2E040 (8/00)