

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

AND
FILED

01 APR 24 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

P.S.L. PROPERTIES, INC.

996000075634

2. Principal Office Address

1695 NW HARBOR PLACE

3. Mailing Office Address:

C/O ALVIN SILVERMAN

Suite, Apt. #, etc.

Suite 123

Suite, Apt. #, etc.

*1695 NW HARBOR PLACE
Suite 123*

City & State

STUART, FL

City & State

STUART, FL

Zip

34994

Country

MARTIN

Zip

34994

Country

MARTIN

4. Date Incorporated or Qualified
To Do Business in Florida

09/11/96

5. FEI Number

65-0702621

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

ALVIN SILVERMAN

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

1695 NW HARBOR PLACE

Suite, Apt. #, Etc.

City

STUART

State

FL

Zip Code

34994

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

[Signature]

REGISTERED AGENT MUST SIGN

Date *04/18/01*

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
<i>Pres. & Secr.</i>	<i>ALVIN SILVERMAN</i>	<i>1695 NW HARBOR PLACE</i>	<i>STUART, FL 34994</i>

REINSTATEMENT 00-01

mw

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] *ALVIN SILVERMAN*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/18/01 (561) 692-4229
Date Daytime Phone #

CR2E081 (9/00)

P.S.L. Properties, Inc.

**1695 NW Harbor Place
Stuart, Florida, 34995
Telephones: (407) 692-4229 &
FAX 407/878-8905**

April 18, 2001

**Marquitta Williams, Specialist
FLORIDA DEPARTMENT OF STATE
Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314**

Re: Your Letter Number 301A00020157

Dear Ms. Williams

Thank you very much for your letter of April 5, 2001 and including CORPORATION REINSTATEMENT form.

Please find enclosed:

Completed CORPORATION REINSTATEMENT form. for P.S.L. PROPERTIES, INC.,
and

P.S.L. PROPERTIES Check # 1036, today's date in the amount of NINE HUNDRED
DOLLARS (\$900.00)

It appears, that with the pressure of completing sale of the business to me, our accountant inadvertently failed to pay the UBR: Uniform Business Report fee timely. We were not apprised of this failure until our new Accounting people prepared the Federal Corporate Tax Report for 2000.

It is intended to merge P.S.L. Properties, Inc. with another Corporation, P.S.L. West, Inc. (EIN 65-0923133) which I control and is current in payment of its UBR. We hope to complete the merger following submission and tax payment to IRS.

Please advise us how to abate or reduce this ~~severe~~ penalty and instruct us how to correctly complete merging theses corporations. I have been in businesses in Florida for more than fifty years without failing to pay timely fees to the State of Florida.

Thank you for your help,
Sincerely,


Alvin Silverman