

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 APR -4 PM 2:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000084920

1. Corporation Name

PSJ Associates Inc.

2. Principal Office Address

7559 Mesa St

3. Mailing Office Address

7559 Mesa St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

North Port, FL

City & State

North Port, FL

Zip

34287

Country

USA

Zip

34287

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11-1-96

5. FEI Number

65-0705098

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

David S. Campbell

900005308628--5

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

7559 Mesa St

-04/19/02--01064--024

****923.75 ***923.75

Suite, Apt. #, Etc.

City

North Port

State

FL

Zip Code

34287

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

David S. Campbell

Date 4-1-02

REGISTERED AGENT MUST SIGN

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
Pres.	David S. Campbell	7559 Mesa St	North Port, FL 34287

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:

David S. Campbell

4-01-02

941-747-2904

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)

4-1-02

Florida Dept. of State
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir or Mam,

I am requesting a waiver of
any fines imposed on my corporation.
I have never recieved any correspondance
from your office and I am told
your records confirm this.

Sincerely,
David S. Campbell