

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

02 JUN 27 PM 12:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000087710

1. Corporation Name

PSB INTERNATIONAL, INC.

2. Principal Office Address

3610 Yacht Club Dr

Suite, Apt. #, etc.

#711

City & State

Aventura, Fl.

Zip

33180

Country

3. Mailing Office Address

700 E. Dania Beach Blvd

Suite, Apt. #, etc.

#202

City & State

Dania, Fl.

Zip

33004

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/23/96

5. FEI Number

65-0702053

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 98-02

7. Name and Address of Current Registered Agent

Name

Patrick Vivies

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

700 E. Dania Beach Blvd 3202

Suite, Apt. #, Etc.

City

Dania

State

FL

Zip Code

33004

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

REGISTERED AGENT MUST SIGN

Date

6/24/02

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
PVD	Patrick Erard	3610 Yacht Club Dr #711	Aventura, Fl. 33180
St	Simine Erard	3610 Yacht Club Dr #711	Aventura, Fl. 33180

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/24/02

Daytime Phone #

CR2E081 (9/01)