

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000063759

1. Corporation Name

PSP INTERNATIONAL, INCORPORATED.

PSP International Inc.

2. Principal Office Address - No P.O. Box #

777 S FLAGLER DRIVE

Suite, Apt. #, etc.

8TH FLOOR WEST TOWER

City & State

WEST PALM BEACH

Zip

33401

Country

US

3. Mailing Office Address

777 S FLAGLER DRIVE

Suite, Apt. #, etc.

8TH FLOOR WEST TOWER

City & State

WEST PALM BEACH

Zip

33401

Country

7. Name and Address of Current Registered Agent

Name

NS BUSINESS CONSULTING SERVICES INC.

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

1201 E SUNRISE BLVD

Suite, Apt. #, Etc.

SUITE 603

City

FT LAUDERDALE

State

FL

Zip Code

33304

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 9/9/09

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
D	EMMANUEL BABAJIDE	777 S FLAGLER DRIVE #800	WEST PALM BEACH , FL 33401
<div data-bbox="824 1528 1479 1591">REINSTATEMENT 00-09</div> <div data-bbox="142 1591 1495 1829">*Per telephone conversation with Robin Brooks-Roberts on 9/11 gave verbal permission to remove group for RA name and add Inc. cc 9/11</div>			

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 contained in Chapter 119, 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:

EMMANUEAL BABAJIDE

9/9/09

954-527-3456

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

09 SEP 11 PM 2:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400160589494
09/11/09--01035--006 **500.00
400160589494
09/11/09--01035--007 **500.00
400160589494
09/11/09--01035--008 **500.00
400160589494
09/11/09--01035--009 **8.75
CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida 7/23/1997

5. FEI Number
27-0895521

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.