

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 AUG 19 PM 12:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000021513

1. Corporation Name

P.S. PROMOTIONS, INC.

2. Principal Office Address

4611 Gleneagles Links Ct.

Suite, Apt. #, etc.

3. Mailing Office Address

9240 Bonita Beach Rd.

Suite, Apt. #, etc.

Suite 3305

City & State

Estero, FL

City & State

Bonita Springs, FL

Zip

33928

Country

US

Zip

34135

Country

US

REINSTATEMENT

01-07

4. Date Incorporated or Qualified
To Do Business in Florida

03/06/1998

5. FEI Number

59-3531056

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$6.75 Additional Fee is required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Lawrence Ast, c/o Wiebel Hennells Carufe Urish Popeck & Co., LLC

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

9240 Bonita Beach Road

Suite, Apt. #, Etc.

Suite 3305

City

Bonita Springs

State

FL

Zip Code

34135

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

8/14/03

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
P/T	von Steinmetz, Wolf	4611 Gleneagles Links Ct.	Estero, FL 33928
V/S	von Steinmetz, Ingrid	4611 Gleneagles Links Ct.	Estero, FL 33928

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

Daytime Phone #

WOLF VON STEINMETZ 7/31/03

ORZ001 (10/02)

7/31/03

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Attn: Reinstatements

Re: P.S. Promotions, Inc. Document # P98000021513

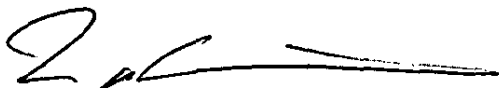
Attached please find a Corporation Reinstatement form for the above-mentioned corporation.

We understand that the return form sent to us by the State was returned to you as undeliverable. With that in mind, we respectfully request a waiver of the \$600.00 reinstatement fee.

Attached please find our check in the amount of \$450.00, representing the annual \$150.00 fee for the years 2001, 2002, and 2003.

If your office should need anything else, please do not hesitate to contact me.

Sincerely,



Wolf von Steinmetz
President
P.S. Promotions, Inc.