

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

glat

DOCUMENT # P98000033915

1. Corporation Name

PST WEB, INC.

Principal Place of Business

Mailing Address

2806 N. FEDERAL HIGHWAY
FORT LAUDERDALE FL 33306

2806 N. FEDERAL HIGHWAY
FORT LAUDERDALE FL 33306

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/13/1998

5. FEI Number

65-0838142

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	GUERTIN, PATRICK	4330 N.W. 101ST DRIVE	CORAL SPRINGS FL 33065

800003524448--4
-01/05/01--01019--008
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GUERTIN, PATRICK
4330 N.W. 101ST DRIVE
CORAL SPRINGS FL 33065

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Patrick Guertin
REGISTERED AGENT MUST SIGN

Date

12/04/00

11. 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:

Patrick Guertin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/04/00

Date

Daytime Phone #

PST Web, Inc.
2808 N. Federal Highway
Ft. Lauderdale, FL 33306-1426

BZatz

November 15, 2000

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

Document #: P98000033915
Taxpayer: PST Web, Inc.
Taxpayer ID: 65-0838142
Tax Year: 2000

Dear Sir or Madam:

Enclosed with this letter is an application for reinstatement and a check in the amount of \$150. We are sorry that the payment was not sent in on time, but there was a sudden illness by our bookkeeper and we were not aware that a payment was due. We respectfully request that you abate the penalties caused by this unfortunate situation. Thank you in advance for your prompt attention to this matter.

Sincerely,



Pat Gufentin
President

Encl.