

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

00 APR 21 PM 2:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000036991

1. Corporation Name

PSI TELECOM, INC.

Principal Place of Business

800 PAUL STREET, SUITE A  
ORLANDO FL 32808

Mailing Address

800 PAUL STREET, SUITE A  
ORLANDO FL 32808

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

2. New Principal Office Address, If Applicable

201 Park Place

Suite, Apt. #, etc.

Suite 205

Altamonte Springs, FL

City & State

Zip

32701

USA

Country

3. New Mailing Office Address, If Applicable

201 Park Place

Suite, Apt. #, etc.

Suite 205

Altamonte Springs, FL

City & State

Zip

32701

USA

Country



REINSTATEMENT

99-00

4. Date Incorporated or Qualified  
To Do Business in Florida

04/20/1998

5. FEI Number

59-351-2215

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$0.75 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	FITCHNER, PATRICK	380 SOUTH STATE ROAD 434, APT. #	ALTAMONTE SPRINGS FL 32714
D	Fichtner, Patrick	308 Lucille Way	Orlando, FL 32835

500003230495---3  
-05/01/00--01014--030  
\*\*\*\*908.75 \*\*\*\*908.75

8. Name and Address of Current Registered Agent

RHODES, R. SPENCER  
126 EAST JEFFERSON ST.  
ORLANDO FL 32801

9. Name and Address of New Registered Agent

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

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

4-18-00

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:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407-331-5918

KE

CR2ED40 (8/99)