PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 1 of 2

00-00 UBL

CORPORATION REINSTATEMENT

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

FILED
00 MAY -1 AM 9:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000052898

1. Corporation Name
PSYCHOLOGICAL SOLUTIONS INC.

2. Principal Office Address	**3.** Mailing Office Address
1250 E. Hallandale Bch. Blvd	1250 E. Hallandale Bch. Blvd
Suite, Apt. #, etc.: #905	Suite, Apt. #, etc.: #905
City & State: Hallandale, Florida	City & State: Hallandale, Florida
Zip: 33009 Country: U.S.A. Broward	Zip: 33009 Country: U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida: 06/12/98

5. FEI Number: 65-034-2992 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name: DR. RONALD J. SCHLOSSBERG

Street Address (P.O. Box Number is Not Acceptable): 1250 E. Hallandale Beach Blvd

Suite, Apt. #, Etc.: #905

City: Hallandale State: FL Zip Code: 33009

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****308.75 ****308.75

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: President
REGISTERED AGENT MUST SIGN

Date: 04/24/00

CR2E081 (9/99)

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	RONALD J. SCHLOSSBERG	1250 E. Hallandale Bch. Blvd	Hallandale, Florida 33009
			LS

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: RONALD J. SCHLOSSBERG
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 04/24/00

Daytime Phone #: (954) 455-7745

Attachment 2 of 2
DH P98000538898

HALLANDALE TESTING & COUNSELING CENTER

PSYCHOLOGICAL SOLUTIONS, INC.

04/24/00

TO: Dept of State, Florida
re: Reinstatement of Corporation

Dear Florida Dept of State,

My name is Ronald Schlossberg, and I am a licensed psychologist, doing business under my corporation name "Psychological Solutions Inc", DBA "Hallandale Testing + Counseling Center".

When I had incorporated with the State of Florida, I was using a temporary office adress, until I found an appropriate location to start my practice. Because of this, all forms to pay dues for continuation of my corporation were not received by me. This was an over-sight on my part., + thus, my corporation was disolved.

Your agent on the telephone mentioned that I can apply for a one-time waiver of the re-instatement fee., + I am hoping you will permit this. In the future, all fees will be promptly paid.

As a newly licensed psychologist, struggling + just starting out, the penalty fee would be a huge hardship.

I have enclosed $ 300.00 for 1999 + year 2000 fees

Thank you + Sincerely

Ronald J. Schlossberg Psy.D

1250 E. HALLANDALE BEACH BLVD, SUITE 905, HALLANDALE, FLORIDA 33009
OFFICE (954) 455-7745 • FAX (954) 456-6011