

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Kathleen 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

1250 E. Hallandale Bch. Blvd

Suite, Apt. #, etc.

905

City & State

Hallandale, Florida

Zip

33009

Country

U.S.A.
Broward

3. Mailing Office Address

1250 E. Hallandale Bch. Blvd

Suite, Apt. #, etc.

905

City & State

Hallandale, Florida

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 ☒

38.75 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

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

[Signature] President
REGISTERED AGENT MUST SIGN

Date 04/24/00

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.

RONALD J. SCHLOSSBERG

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/24/00
Date

(651) 455-7745
Daytime Phone #

CR2E081 (9/99)

Attachment
0# P980050898

2082

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".

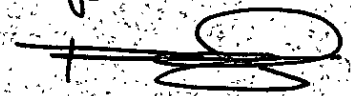
When I had incorporated with the State of Florida, I was using a temporary office address, until I found an appropriate location to start my practice. Because of this, all forms to pay dues for continuation of my corporation were not received by me. This was an oversight on my part, & thus, my corporation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

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