

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 31 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000000101**

1. Corporation Name

PSION, INC.

Principal Place of Business

**5930 NW 63RD PLACE
PARKLAND FL 33067-4420**

Mailing Address

**5930 NW 63RD PLACE
PARKLAND FL 33067-4420**

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

2. New Principal Office Address, If Applicable

1150 SW 30th ST

Suite, Apt. #, etc.

SUITE D

City & State

PAUM CITY FL

Zip

34990

Country

USA

3. New Mailing Office Address, If Applicable

5988 SW MOORE ST

Suite, Apt. #, etc.

City & State

PAUM CITY FL

Zip

34990

Country

USA

REINSTATEMENT 02

4. Date Incorporated or Qualified
To Do Business in Florida

12/28/1998

5. FEI Number

59-3458193

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	STANGLE, JOHN	5930 NW 63RD PLACE	PARKLAND FL 33067
			900009750959 12/30/02--01115--011 **750.00

8. Name and Address of Current Registered Agent

STANGLE, JOHN

5930 NW 63RD PLACE

PARKLAND FL 33067-4420

9. Name and Address of New Registered Agent

Name

STANGLE, JOHN

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

5988 SW MOORE ST

Suite, Apt. #, Etc.

City

PAUM CITY

State

FL

Zip Code

34990

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date **12-26-02**

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

12-26-02

Date

Daytime Phone #

CR2E040 (8/02)