


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P99000015729						FILED 06 MAR -6 AM 11:08 FLORIDA STATE TALLAHASSEE, FLORIDA			
1. Entity Name PS CAPITAL, INC.				Principal Place of Business 595 MARKET STREET SUITE 2750 SAN FRANCISCO, CA 94105				Mailing Address 595 MARKET STREET SUITE 2750 SAN FRANCISCO, CA 94105	
2. Principal Place of Business 420 OLD ORCHARD CT.		3. Mailing Address 420 OLD ORCHARD CT.							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0905088		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
City & State DANVILLE CA		City & State DANVILLE CA		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required			
Zip 94526		Country USA		Zip 94526		Country USA			
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right; font-weight: bold; font-size: 1.2em;">FL</div> Zip Code					
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.									
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>									
FILE NOW!!! FEE IS \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COCHILL, THOMAS 7475 15 E GAINRY RANCH ROAD SCOTTSDALE, AZ 85258	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100067945551 03/16/06--01006--026 **308.75					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MCBRIDE, JAMES 595 MARKET ST SUITE 2750 SAN FRANCISCO, CA 94105	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MCBRIDE, JAMES 218 28TH AVENUE SAN FRANCISCO CA 94121					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS MOYA, STEVE 595 MARKET ST. SUITE 2750 SAN FRANCISCO, CA 94105	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MOYA, STEVE 420 OLD ORCHARD CT. DANVILLE CA 94526					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREER, ANNA MARIE 270 PARK AVE. 20TH FLOOR NEW YORK, NY 10017	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIBSON, DAVID 4 SLOAN STREET SOUTH ORANGE, NJ 07079	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOYAN, CRAIG 205 EAST 76TH STREET APT# PH NEW YORK, NY 10021	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.									
SIGNATURE: 		STEVEN R. MOYA		2/8/06		(415) 286-1360			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>					