

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 NOV 26 AM 11:56

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 999000057434

1. Corporation Name

Psychology Network, Com, Inc.

2. Principal Office Address

18305 Biscayne Blvd

Suite, Apt. #, etc.

401

City & State

North Miami Beach, FL

Zip

33160

Country

USA

3. Mailing Office Address

18305 Biscayne Blvd

Suite, Apt. #, etc.

401

City & State

North Miami Beach, FL

Zip

33160

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

06/23/1999

5. FEI Number

65-0791698

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

Dani ITZHAKI

600004713995--3

-12/07/01--01027--020

****750.00 ****750.00

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

18305 Biscayne Blvd. 401

Suite, Apt. #, Etc.

City

North Miami Beach

State

FL

Zip Code

33160

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

Date 11/19/01

REGISTERED AGENT MUST SIGN

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	Dani ITZHAKI	18305 Biscayne Blvd. N. Miami #401	33160 North Miami Beach, FL

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dani ITZHAKI

Date

11-19-01

Daytime Phone #

305-

937-6242