

1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

07 JAN 28 PM 1:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900086174679
01/25/07--01008--017 **300.00

CORPORATION REINSTATEMENT

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *P 990000 94400*

1. Corporation Name

P.S.N. Enterprises, Corp.

2. Principal Office Address

3820 NW 12 Terr

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33126

Country

3. Mailing Office Address

3820 NW 12 Terr

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33126

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0956495

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

Juan Pablo Rodriguez

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

3820 NW 12 Terr

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33126

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

Juan Pablo Rodriguez

Date

1/11/07

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
<i>P.</i>	<i>Juan Pablo Rodriguez</i>	<i>3820 NW 12 Terr Miami, FL 33126</i>	<i>Miami, FL 33126</i>
<i>V.</i>	<i>Sonia Nuñez</i>	<i>3820 NW 12 Terr</i>	<i>Miami, FL 33126</i>

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 contained in Chapter 119, 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: *Sonia Nuñez* Vicepresident *1/11/07*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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January 11, 2007

DIVISION OF CORPORATIONS
REINSTATEMENT DEPARTMENT
P.O. BOX 6327
Tallahassee, FL. 32314

**Ref: P.S.N. ENTERPRISES, CORP.
FEIN 65-0956495**

Dear Sirs:

P.S.N. ENTERPRISES, CORP., already sent you its Annual Report on April 06 with a check payable to you for \$ 150.00 that was never cashed. Concerned about this, I called you on MAY 25 asking about the Renewal of the Corporation and I was told by someone on your office to be patient and wait because your offices were processing enormous amounts of documents.

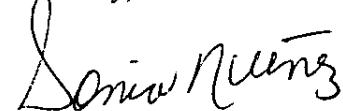
I checked the status of the corporation and it is inactive.

I called again and I have been requested to send you a letter explaining this issue and a check for \$ 300.00.

Please I am requesting to waive the penalties and reinstate My Corporation.

Thank you very much for your attention to this matter.

Sincerely,



**SONIA NUNEZ
P.S.N. ENTERPRISES, CORPS.**