

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 JAN -5 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000025510

1. Corporation Name

ACE POWER GENERATOR SALES & RENTAL, INC.

2. Principal Office Address - No P.O. Box #

5900 STIRLING ROAD

3. Mailing Office Address

5900 STIRLING ROAD

Suite, Apt. #, etc.

BAY 4

Suite, Apt. #, etc.

BAY 4

City & State

HOLLYWOOD, FL

City & State

HOLLYWOOD, FL

Zip

33021

Country

USA

Zip

33021

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

02/21/2006

5. FEI Number
20-4367976

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

MICHELE MAIK

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

5900 STIRLING ROAD

Suite, Apt. #, Etc.

BAY 4

City

HOLLYWOOD

State

FL

Zip Code

33021

400216608204
01/05/12--01023--007 ***1208.75

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

Michele Maik

REGISTERED AGENT MUST SIGN

Date 01/04/2012

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
PS	MICHELE MAIK	5900 STIRLING RD #4	HOLLYWOOD FL 33021

REINSTATEMENT

To 10/6/12

10. E-mail Address: SMAIK@AOL.COM

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Michele Maik

MICHELE MAIK

01/04/2012

954-275-7218

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #