

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2019 September 30 PM 2:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 10000052333

1. Corporation Name
thepowersellers inc

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

4842 SW 155 Terrace

3. Mailing Office Address

Suite, Apt #, etc

Suite, Apt #, etc

City & State

Miramar

City & State

florida

Zip

33027

Country

Zip

Country

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida June 2010

5. FEI Number
27-2890069

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

Martin Rodriguez

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

4842 SW 155 Terrace

Suite, Apt #, Etc

City

Miramar

State

FL

Zip Code

33027

900346291229
08/02/19--01033--003 **614.25

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 Martin Rodriguez

Date _____

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
Pres	Martin Rodriguez	4842 SW 155 Terrace	Miramar FL 33027

10 E-mail Address: mr@thepowersellers.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: Martin Rodriguez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #