

**APPLICATION  
FOR 95-97  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

**DOCUMENT #** PA11000016045  
1. Corporation Name  
**AC POWERTEK CORP.**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**15221 N.E. 10th Avenue**  
**N. Miami Beach, FL 33162**  
  
If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		c/o Aballi, Milne, Kalil & Garrigo		5. FEI Number	
City & State		One S.E. Third Ave. Suite 1980		65-0470293	
Zip		City & State		CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
Country		Miami, Florida		Applied For	
33131		Zip		Not Applicable	
		Country		\$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PTD	Jose D. Castaños	15221 N.E. 10th Avenue	N. Miami Beach, FL 33162
VSD	Juan E. Castaños	15221 N.E. 10th Avenue	N. Miami Beach, FL 33162
			200002291092--9 -09/11/97--01125--004 ***1080.00 ***1080.00
			<b>REINSTATEMENT 95-97</b> 9/9/97

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Jose E. Castaños 15221 N.E. 10th Avenue N. Miami Beach, FL 33162		Name AMKGS Registered Agents, Inc. Street Address (P.O. Box Number is Not Acceptable) One S.E. Third Avenue Suite, Apt. #, Etc. Suite 1980 City Miami	
		State	Zip Code
		FL	33131

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.  
Signature of Registered Agent [Signature] Date 9-4-97  
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No  (See other side for information on intangible tax.)

12. 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] **JOSE D. HERNÁNDEZ CASTAÑOS.** Date 8/31/97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2000 (12/96)