

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

02 NOV 18 PM 3:32

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **V46764**
 1. Corporation Name
POWER TEAM, INC.

Principal Place of Business 600 N CONGRESS STE 350 DELRAY BEACH FL 32445 US	Mailing Address 600 N CONGRESS STE 350 DELRAY BEACH FL 32445 US
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 6177 Jog Road Suite, Apt. #, etc. AK with 71 City & State 33467 Zip	3. New Mailing Office Address, If Applicable Same Suite, Apt. #, etc. 6177 Jog Road SD City & State Lake Worth Zip 33467 Country Palm Bch	4. Date Incorporated or Qualified To Do Business in Florida 06/29/1992	5. FEI Number 65-0344879 Applied For Not Applicable
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6. CERTIFICATE OF STATUS DESIRED \$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	4 City / State / Zip
P	STONE, JACK D	3201 BLACK OAK CT.	BOYNTON BEACH FL 33406
VP	STONE, JUDY K	3201 BLACK OAK CT.	BOYNTON BEACH FL 33406

600009052776
 11/18/02--01084--011 **150.00

8. Name and Address of Current Registered Agent STONE, JUDY K. 3201 BLACK OAK CT. BOYNTON BEACH FL 33436	9. Name and Address of New Registered Agent Name Same Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code
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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. or 617.0505, F.S.

Signature of Registered Agent *[Signature]* **SIGNATURE REQUIRED** REGISTERED AGENT MUST SIGN
 Date 11/1/02

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., 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]* **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date 11/1/02 Daytime Phone # 561-721-1162

CR2E040 (8/02)

THE FURNITURE COMPANY

- 6177-D Jog Road Lake Worth, Florida 33467
- Phone # 721-1102
- Fax# 561-721-0054

November 13, 2002

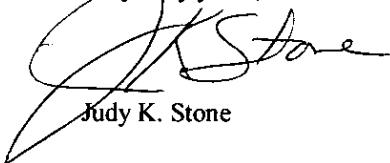
Divisions of Corporation
Annual Report Reinstatement Section
P. O. Box 6327
Tallahassee, Florida 32314-6327

Dear reinstatement department:

Enclosed please find our check in the amount of \$150.00 for Power Team Inc. Document V46764.

We never received the previous reports because we are no longer at 600 North congress and respectfully request the reinstatement fee to be waived. should you have any questions please do not hesitate to call at 561-721-1102.

Very truly yours,



Judy K. Stone