

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05 DEC -6 AM 10:33

SEC. STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 404448

1. Corporation Name

Vote Power Corporation

2. Principal Office Address

17555 Ventura Blvd.

3. Mailing Office Address

17555 Ventura Blvd.

Suite, Apt. #, etc.

Suite 200

Suite, Apt. #, etc.

Suite 200

City & State

Encino, CA

City & State

Encino, CA

Zip

91316

Country

USA

Zip

91316

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

7-5-1992

5. FEI Number

59-1413673

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

Lisa Witmer

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

3300 PGA Blvd.

Suite, Apt. #, Etc.

Suite 570

City

Palm Beach Gardens

State
FL

Zip Code

33410

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

Date 11-17-05

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 |
|--------|--------------------------------------|---|--------------------|
| P/D | Bob Martyn | 17555 Ventura Blvd. | Encino, CA 91316 |
| S/T/D | Inti Shaikh | 17555 Ventura Blvd. | Encino, CA 91316 |
| D | Tito Del Prado | 17555 Ventura Blvd. | Encino, CA 91316 |
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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 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:

Bob Martyn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-17-05

Date

(818) 787-6447

Daytime Phone #