

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

10 MAY -5 PM 2:42

DEPARTMENT OF STATE  
ALLAHASSEE, FLORIDA

**REINSTATEMENT**

300180415303

05/05/10--01036--018 \*\*1058.75

05-10

CR2E081 (4/10)

DOCUMENT # F04 000 00 4959

1. Corporation Name

POWERHOUSE EQUIPMENT  
ENGINEERING COMPANY, INC.

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

240 CREEK ROAD

3. Mailing Office Address

PO Box 5486

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DELANCO, NJ

City & State

DELANCO NJ

Zip

08075

Country

BURLINGTON

Zip

08075

Country

BURLINGTON

4. Date Incorporated or Qualified  
To Do Business in Florida

8/27/2004

5. FEI Number

222 422 403

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

CUBILLOS, JAIME A

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

810 S.W. 69 TERRACE

Suite, Apt. #, Etc.

City

PLANTATION

State

FL

Zip Code

33317

PROFIT CORPORATIONS ONLY

☐ The \$600.00 reinstatement fee is imposed,  
except in circumstances which the entity did  
not receive the prior notices. By checking  
this box, you are certifying the prior  
notices were not received and requesting  
the reinstatement fee be waived.

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date

4/30/10

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	PAUL A STOHNER	431 COTTAGE AVE	EDGEWATER, NJ 08010
D	PETER S ADAMS	42 APPLE WAY	MARLTON, NJ 08053
		M. MILLIGAN EXAMINER	
		MAY -7 2010	

10. E-mail Address: PETE A @ POWERHOUSE. 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., 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.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/10

Date

856-764-3333

Daytime Phone #