

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 APR 27 AM 8:26

DOCUMENT # F07000002368

1. Corporation Name

Power Applications, Inc.

700175820277  
04/14/10--01045--004 \*\*150.00

KS

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

1743 Park Center Dr.

Suite, Apt. #, etc.

Suite 400

City & State

Orlando, FL

Zip

32835

Country

USA

3. Mailing Office Address

1743 Park Center Dr.

Suite, Apt. #, etc.

Suite 400

City & State

Orlando, FL

Zip

32835

Country

USA

REINSTATEMENT 09-10

4. Date Incorporated or Qualified

To Do Business in Florida 5/2/2007

5. FEI Number

64-0957809

☐ 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

Myra P. Nicholson, Esq.

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

1743 Park Center Drive

Suite, Apt. #, Etc.

Suite 200

City

Orlando

State

FL

Zip Code

32835

☒ The 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.

700175820277  
04/28/10--01034--010 \*\*150.00

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

REGISTERED AGENT MUST SIGN

Date 4/13/2010

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
DPS	Kelly W. Romero	1743 Park Center Drive, Ste. 400	Orlando, FL 32835

10. E-mail Address: julie@mnicholson-law.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: Kelly W. Romero  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/2010 407.803.4775

Date Daytime Phone #