

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

4/13/2010

407.803.4775

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #