

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

W04090024539

FILED

04 JUL 12 AM 8:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # L20301**

**1. Corporation Name**

Independent Power, Inc.

150 Alhambra Circle  
4110 29th Street

**2. Principal Office Address**  
150 Alhambra Circle

Suite; Apt. #, etc.  
Suite 1150

City & State  
Coral Gables, Florida

Zip  
33134

Country  
USA

**3. Mailing Office Address**  
4110 29th Street

Suite, Apt. #, etc.

City & State  
Long Island City, NY

Zip  
11101

Country  
USA

REINSTATEMENT 01-04

**4. Date Incorporated or Qualified  
To Do Business in Florida** 10/02/1989

**5. FEI Number**  
650240977

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  
David L. Hatton, Esq.

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

Suite, Apt. #, Etc.  
Suite 1150

City  
Coral Gables

State  
FL

Zip Code  
33134

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06/22/04--01079--008 \*\*1200.00

**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 6/4/04

**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	Norman Baker	411-10 29th Street	Long Island City, NY 11101

**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)(f), 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:**

Norman Baker

6/17/04

(718) 784-2121

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)