

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 APR 26 PM 5:02

DOCUMENT # **M60385**

1. Corporation Name

**TELEPOWER ELECTRIC, INC.**

Principal Place of Business

Mailing Address

14966 S W 74 TERR  
MIAMI FL 33193

14966 S W 74 TERR  
MIAMI FL 33193

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

10/07/1987

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0053183

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida non-profit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
<del>XBST</del> PT	TOCA, JESUS V	14966 S W 74 TERR	MIAMI FL
V	LOPEZ FERNANDO J	14966 S.W. 74 Terr	MIAMI, FL
S	LOPEZ IVETTE J	14966 S.W. 74 Terr	MIAMI, FL.

500004275665--5  
05/22/01--01029--004  
\*\*\*\*900.00 \*\*\*\*900.00

8. Name and Address of Current Registered Agent

TOCA, JESUS V.  
14966 SW 74 TERRACE  
MIAMI FL 33193

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

4/24/01

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jesus V. Toca

04/24/01

Date

305-978-5875

Daytime Phone #

CR2E040 (8/00)