

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

02 MAR 27 AM 9:54

DOCUMENT # P00000011547

1. Corporation Name

INNOVATIONS POWER TECHNOLOGIES, INC.

Principal Place of Business

1225 28TH ST. NORTH
ST. PETERSBURG FL 33716-1823

Mailing Address

12205 28TH ST. NORTH
ST. PETERSBURG FL 33716-1823



REINSTATEMENT

01-02

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

01/28/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

☒ Applied For

☐ Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. 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 nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	GARY W. KINLEY 3061 WEST ALBANY BROKEN ARROW - OK - 74012	3061 W. ALBANY BROKEN ARROW	OK - 74012
M	AL MUNOZ	12205 28TH ST N.	ST PETE - FL - 33716
			7000005254377--7
			-04/11/02--01058--010
			***900.00 ***900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KINLEY, GARY W AND /OR AL MUNOZ
12205 28TH ST. NORTH
ST. PETERSBURG FL 33716-1823

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

SIGNATURE REQUIRED *al Munoz*

REGISTERED AGENT MUST SIGN

Date

3/20/02

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 REQUIRED *al Munoz*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/20/02 727-573-3300

CR2040 (8/01)