

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT #

PO00000070199

1. Corporation Name

Professional Power of Florida, Inc.

2. Principal Office Address

P.O. Box 1212

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 1212

Suite, Apt. #, etc.

City & State

Santa Rosa Beach, FL.

City & State

Santa Rosa Beach, FL.

Zip

32459

Country

United States

Zip

32459

Country

United States

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

59-3646795

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

William Bradley Wilson

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

423 Bayshore Drive

Suite, Apt. #, Etc.

City

Santa Rosa Beach

State

FL

Zip Code

32550

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

William Bradley Wilson

REGISTERED AGENT MUST SIGN

Date

8/28/02

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	William B. Wilson	P.O. Box 1212	Santa Rosa Beach, FL 32459

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)(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:

William Bradley Wilson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/28/02

Date

(850) 259-16619

Daytime Phone #

8/25/02

# Professional Power of Florida, Inc.

P.O. Box 2119 \* Santa Rosa Beach, FL 32459 \* Phone (850) 259-6619 Fax (850) 269-1313

August 20, 2002

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314  
(850) 245-6059

RE: Corporation Number P00000050199  
FEIN Number 59-3646795

To Whom It May Concern:

I was on your web site looking up my corporation information, when I found out that my corporation was inactive. I called the Division of Corporations to find out what I needed to do. The gentlemen on the phone told me to write a letter stating that I have not received a notice that my corporation needed to be reinstated or renewed. I did not receive any notice to let me know that I need to send in a renewal fee or a uniform business report. I am unable to find any such notice in my records.

The gentlemen also told me to enclose a Three Hundred-dollar check (\$300.00) for the reinstatement fee.

If you have any questions, please feel free to give me a call.

Sincerely,

A handwritten signature in cursive script that reads "William B. Wilson". The signature is written in dark ink and is positioned above the printed name.

William B. Wilson