

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 FEB 17 AM 8:00

DOCUMENT # P000000054951

1. Corporation Name

ALADDIN POWER, INC  
8875 HIDDEN RIVER PARKWAY #300  
TAMPA, FLORIDA 33637

**REINSTATEMENT**

02-04

2. Principal Office Address

8875 HIDDEN RIVER PARKWAY

Suite, Apt. #, etc.

# 300

City & State

TAMPA FL

Zip

33637

Country

USA

3. Mailing Office Address

8875 HIDDEN RIVER PARKWAY

Suite, Apt. #, etc.

# 300

City & State

TAMPA FL

Zip

33637

Country

USA

400028931844

02/17/04-01030-007 \*\*1058.75

MRD

4. Date Incorporated or Qualified  
To Do Business in Florida

08/06/2000

5. FEI Number

59-3651522

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

28.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

KEITH F. COLLINS

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

8875 HIDDEN RIVER PARKWAY

Suite, Apt. #, Etc.

Suite # 300-A

City

TAMPA

State

FL

Zip Code

33637

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

Keith F. Collins

Date

2/01/04

REGISTERED AGENT MUST SIGN

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
<u>DIR</u>	<u>KEITH COLLINS</u>	<u>9311 REGENTS PARK DRIVE</u>	<u>TAMPA, FL 33637</u>
<u>DIR</u>	<u>DIANN R. COLLINS</u>	<u>9311 REGENTS PARK DR</u>	<u>TAMPA, FL 33637</u>

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:

Keith F. Collins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/1/04

Daytime Phone #

813-975-7177

CR2E081 (10/02)