

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 MAY 15 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P000000097227**

1. Corporation Name

R.O. Power, Inc.
1212 S.W. 131st Court
Miami, FL 33184

2. Principal Office Address

1212 S.W. 131st Court

Suite, Apt. #, etc.

3. Mailing Office Address

1212 S.W. 131st Court

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33184

Country

Dade

Zip

33184

Country

Dade

REINSTATEMENT

01-02

400005610604-6

-05/24/02--01058--013

*****900.00 ***900.00**

**4. Date Incorporated or Qualified
To Do Business in Florida**

10-2000

5. FEI Number EIN #

65-1059263

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

Roberto L. Ortiz

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

1212 S.W. 131st Court

Suite, Apt. #, Etc.

City

Miami

**State
FL**

Zip Code

33184

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 **3-12-2002**

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
President	Roberto L. Ortiz	1212 S.W. 131st Court	Miami, FL 33184
—	NONE	—	—
—	NONE	—	—
—	NONE	—	—
—	NONE	—	—
—	NONE	—	—

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-2002 (305) 554-7924

Date

Daytime Phone #

CR2E081 (9/00)