

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 OCT 13 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000099970

1. Corporation Name

CASON POWER, INC.

2. Principal Office Address

4320 Highway 60 W

Suite, Apt. #, etc. ____

City & State

Mulberry, FL

Zip

33860

Country

USA

3. Mailing Office Address

4320 Highway 60 W

Suite, Apt. #, etc. ____

City & State

Mulberry, FL

Zip

33860

Country

USA

REINSTATEMENT 03-04

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

10/23/2000

5. FEI Number

65-1047739

☒ 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

Jerome Kenneth Cason

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

1306 North East 6th Street

Suite, Apt. #, Etc. ____

City

Mulberry

State

FL

Zip Code

33860

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

Jerome Cason

REGISTERED AGENT MUST SIGN

Date 10-8-04

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
T/S	Brian Keith Orr	321 Imperial Blvd. #0-149	Lakeland, FL 33803
P	Jerome K. Cason	1306 N.E. 6th St.	Mulberry, FL 33860

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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:

Brian K. Orr Brian K. ORR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/08/04

Date

(863) 869-8554

Daytime Phone #