

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 FEB 27 AM 10:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100013173521



02/27/03--01083--005 **150.00

DOCUMENT # P00000109969

1. Corporation Name

POWER INDUSTRIES AND COMPANY, INC.

Principal Place of Business

13955 S.E. 53RD TERRACE
SUMMERFIELD FL 34491

Mailing Address

13955 S.E. 53RD TERRACE
SUMMERFIELD FL 34491

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/16/2000

5. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

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)

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City / State / Zip 4 |
|---------------|---|--|-------------------------|
| D | DAY, DON | 13955 S.E. 53RD TERRACE | SUMMERFIELD FL 34491 |
| D | STAMEY, DAVID R JR. | P.O. BOX 841151 | PEMBROKE PINES FL 33084 |
| D | DAY, LINDA | 13955 S.E. 53RD TERRACE | SUMMERFIELD FL 34491 |
| D | DAY, DAVID | 3535 WEST ATLANTIC BLVD., APT. 9 | POMPANO BEACH FL 33069 |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent

DAY, DON
13955 S.E. 53RD TERRACE
SUMMERFIELD FL 34491

9. Name and Address of New Registered Agent

Name Paul Silverberg, ESQ.
Street Address (P.O. Box Number is Not Acceptable) 2665 Executive Park Drive
Suite 3
City Weston
State FL Zip 33331

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

2-26-03

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/26/03 934.931-4208

Daytime Phone #

CR2E040 (8/02)

Law Offices Of

Paul K. Silverberg, P.A.

February 26, 2003

VIA OVERNIGHT MAIL

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399
Attn: Reinstatement Section

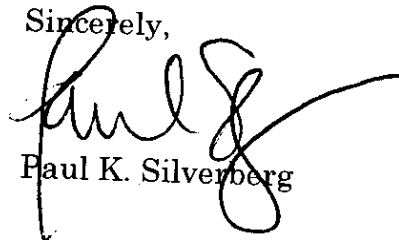
Re: Power Industries and Company, Inc.

To Whom It May Concern:

This firm represents Power Industries and Company, Inc. in regard to its corporate status. While performing a corporate transaction for the client, I learned that their corporate status was Administratively Dissolved for annual report. My client has explained to me that they never received the annual report(s) in question. Accordingly, please find enclosed a check for \$150 to reinstate the corporation and the application for reinstatement.

Thank you for your time and acceptance. If you have any questions or comments, please feel free to contact me.

Sincerely,



Paul K. Silverberg

Enclosures.