

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000001836

1. Entity Name  
1550 N. POWERLINE PROPERTIES, INC.



FILED

2007 NOV 14 PM 4:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1550 N. POWERLINE RD.  
POMPANO BEACH, FL 33060

Mailing Address  
1550 N. POWERLINE RD.  
POMPANO BEACH, FL 33060



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

P O BOX 50332

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10312007

REIN-P

CR2E098 (1/07)

City & State

City & State  
Lighthouse Point, FL

4. FEI Number  
20-0309865

Applied For  
Not Applicable

Zip

Country

Zip  
33074

Country  
USA

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BAST, HARLAN  
2650 NW 48TH STREET  
LIGHTHOUSE POINT, FL 33064

7. Name and Address of New Registered Agent

Name

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

2650 NE 48th St

City Lighthouse Point

FL

Zip Code

33064

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

11-13-07

FILE NOW!!! FEE IS \$150.00

After January 1, 2008, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME BAST, HARLAN J II  
STREET ADDRESS 2650 NE 48TH STREET  
CITY-ST-ZIP LIGHTHOUSE POINT, FL 33074

TITLE  
NAME  
STREET ADDRESS 2650 NE 48th St  
CITY-ST-ZIP Lighthouse Point 33064

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-13-07

954

415-1160

11/19/07