

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 13 PM 3: 52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **PO1-000001836**

1. Corporation Name

**1550 N. POWERLINE PROPERTIES,  
INC.**

2. Principal Office Address

**P.O. Box 50332**

3. Mailing Office Address

**Same**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Lighthouse Pt., Fl.**

City & State

Zip

Country

**33074 USA**

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**115101**

5. FEI Number

Applied For  
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED

**\$8.75 Additional Fee required  
for a Certificate of Status**

**300024260363**  
10/29/03--01069--008 \*\*308.75

**7. Name and Address of Current Registered Agent**

Name

**Filings, Inc.**

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

**3732 N.W. 16<sup>th</sup> Street**

Suite, Apt. #, Etc.

City

**Ft. Lauderdale Fl.**

State

**FL**

Zip Code

**33311**

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

*X [Signature]*

REGISTERED AGENT MUST SIGN

Date

**10/10/03**

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
DPS	Harlan J. Bast, II	P.O. Box 50332	Lighthouse Pt., Fl. 33074

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:

*X [Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**President**

Date

**10/10/03**

Daytime Phone

**954-415-**

**1160**

CR2E081 (10/02)

ATT: Division of Corps.

Please be advised  
that we did not receive  
our 2002 & 2003

Annual Report. Our  
correct mailing and  
principal address is

P.O. Box 50332

Lighthouse Pt. Fl. 33074

Please accept this 308.75  
to reinstate & issue a CGS

for 1550 N. Powerline Properties, Inc.

Doc # P01000001836

X Shirley Bassett President.