

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 # **P01-000001836**

1. Corporation Name

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

2. Principal Office Address

P.O. Box 50332

Suite, Apt. #, etc.

City & State

Lighthouse Pt., Fl.

Zip

33074

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

**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**

7. Name and Address of Current Registered Agent

Name

Filings, Inc.

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

3732 N.W. 16th 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
principle 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 Bastin President.