


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P01000054424</b>		
1. Entity Name ALL POWER MARINE, INC.		

FILED  
05 NOV 17 AM 10:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



11122005 REIN-P CR2E098 (6/04)

Principal Place of Business 1408 SW 22ND AVE DELRAY BEACH, FL 33445	Mailing Address 1408 SW 22ND AVE DELRAY BEACH, FL 33445
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2. Principal Place of Business 1208 GEORGIA ST Suite, Apt. #, etc. #7	3. Mailing Address 1208 GEORGIA ST Suite, Apt. #, etc. #7
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City & State DELRAY BEACH, FL	City & State DELRAY BEACH, FL
Zip 33444	Zip 33444
Country USA	Country U.S.A

4. FEI Number 65-1109948	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CID, LEONARDO 1408 SW 22ND AVE DELRAY BEACH, FL 33445	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 <u>Leo Cid</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>	<u>Leo Cid</u> <u>11-12-05</u> <small>(NOTE: Registered Agent signature required when reinstating) DATE</small>

FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CID, LEONARDO 1408 SW 22ND AVE DELRAY BEACH, FL 33445 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200061519462 11/17/05--01045--002 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: <u>Leo Cid</u> <u>LEO CID</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>11-12-05</u> <u>561-2652465</u> <small>Date Daytime Phone #</small>

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