

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 JUN 17 PM 1:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000054424

1. Corporation Name

All Power Marine, Inc.

2. Principal Office Address

1408 SW 22ND Ave

Suite, Apt. #, etc.

City & State

Delray Beach, FL

Zip

33445

Country

3. Mailing Office Address

1408 SW 22ND Ave

Suite, Apt. #, etc.

City & State

Delray Beach, FL

Zip

33445

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

6/1/01

5. FEI Number

65-1109948

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

Leonardo Cid

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

1408 SW 22ND Ave

Suite, Apt. #, Etc.

City

Delray Beach

State

FL

Zip Code

33445

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

6/9/03

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
Pres.	Leonardo Cid	1408 SW 22ND Ave	Delray Beach, FL 33445

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:

*[Signature]*

Leonardo Cid

6/9/03

(561) 756-0350

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

6/17

All Power Marine, Inc.  
1408 SW 22<sup>nd</sup> Ave.  
Delray Beach, FL 33445

June 9, 2003

Florida Secretary of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

Please reinstate All Power Marine, Inc. to active status. Enclosed is a check for years 2002 and 2003 filing fees. Also please waive the reinstatement fee since we did not receive the Uniform Business Report for either year at the current address. The address is correct for future correspondences.

Sincerely,

A handwritten signature in black ink, appearing to read "Leo Cid", with a stylized flourish at the end.

Leo Cid