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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 APR 14 AM 11:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000080574

1. Corporation Name

POWERTEK CONTROL, INC.

300015762523
04/11/03--01071--012 **300.00

2. Principal Office Address		**3.** Mailing Office Address	
4000 PONCE DE LEON BLVD		4000 PONCE DE LEON BLVD.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
470		470	
City & State		City & State	
CORAL GABLES, FL		CORAL GABLES, FL	
Zip	Country	Zip	Country
33146	USA	33146	USA

4. Date Incorporated or Qualified To Do Business in Florida: 08/16/01

5. FEI Number: 80-0037027 ☐ 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: LIND, RICHARD J, ESQ.

Street Address (P.O. Box Number is Not Acceptable): 2551 TIGERTAIL AVE.

Suite, Apt. #, Etc.:

City: MIAMI | State: FL | Zip Code: 33133

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: ✓ _____ Date: ✓ 4/08/03

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
D,P	LENIS, GUSTAVO	AVE 21 N #51-38	CALI, COLOMBIA
S,T	PARRA, LILIANA	4000 PONCE DE LEON #470	CORAL GABLES, FL 33146
		02-03	

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.

(305)7770200

SIGNATURE: _____ 04/08/03 (954)838-7747

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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4000 Ponce De Leon Blvd #470
Coral Gables, Florida 33146

Powertek Control, Inc.

April 7, 2003

Department of State
Division of Corporations
Reinstatement Division
P.O. Box 6327
Tallahassee, Fl. 32314

RE: Powertek Control, Inc. Doc #P01000080574

Dear Sir or Madam:

Per your instructions, enclosed please find a Reinstatement form for the above referenced corporation. Please note that you have the incorrect address for this corporation. Also, as we informed you, we never received the 2002 or the 2003 Uniform Business Report from you. Perhaps it was because you had the incorrect address, or perhaps the documents were lost in the mail.

In any event, and per your instructions, enclosed is also a check payable to Department of State for the 2002 and 2003 fees. Please process the above and reinstate our corporation. As you can understand this is a very important matter to us. Thank you for your assistance.

Sincerely,

Gustavo Lenis

Pres.