

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 MAR 17 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000081937

1. Corporation Name

MAGNETIC POWER, INC.

REINSTATEMENT 02-03

500012386535
02/12/03--01047--011 **750.00

500012386535
03/17/03--01063--006 **150.00

2. Principal Office Address

4181 SW 56th Terr

3. Mailing Office Address

4181 SW 56th Terr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Davie, Florida

City & State

Davie, Florida

Zip

33314

Country

US

Zip

33314

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

08/20/2001

5. FEI Number

65-1131096

☒

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

Michael Melendez

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

20795 SW 129 PL

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33177

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

REGISTERED AGENT MUST SIGN

Date 01/20/2003

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	SOTO GUTIERREZ, JUAN M.	4181 SW 56th Terr	Davie, FL 33314
D	MELO, WILLIAM B.	4181 SW 56th Terr	Davie, FL 33314
D	PARDO, HERBERT	4181 SW 56th Terr	Davie, FL 33314

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:

JUAN M. SOTO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/20/2003 305-926-8124

Date

Daytime Phone #

CR2E081 (10/02)