

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAR 15 AM 9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P03000134515**

1. Corporation Name

Power of Touch Inc.
2821 SW 1st Avenue Apt #8
Miami, FL 33129

2. Principal Office Address

same as above

3. Mailing Office Address

same as Above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 03-05

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/10/03

5. FEI Number

01-0801530

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

Caridad Castillo

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

2821 SW 1st Ave Apt #8

Suite, Apt. #, Etc.

8

City

Miami

State
FL

Zip Code

33129

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

Caridad Castillo

REGISTERED AGENT MUST SIGN

Date

3/12/05

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
P	Caridad Castillo	same as Above	

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03/23/05 01000-022 **300.00

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:

Caridad Castillo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/05

Date

305 300-3820

Daytime Phone #

CR2E081 (01/05)