

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000153251

1. Entity Name
POWELL ENTERPRISES OF POLK COUNTY, INC.



FILED

2007 DEC 17 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1240 E. LIME ST.
LAKELAND, FL 33801

Mailing Address
1240 E. LIME ST.
LAKELAND, FL 33801

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT

4. FEI Number
20-0654579

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

POWELL, DAVIS E JR
931 E PALMETTO ST
LAKELAND, FL 33801

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2008, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
POWELL, DAVIS E JR
931 E PALMETTO ST
LAKELAND, FL 33801

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
500113204185
12/17/07--01064--013 **150.00

☐ Change

☐ Addition

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

DAVIS E. POWELL, SR.

11-26-07

863-255-2780

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

B. Mitchell

DEC 17 2007