

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JUN 25 PM 4:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000068862**

1. Corporation Name

Tel Power Services, Inc.

2. Principal Office Address

555 Holmes Ave

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 1589

Suite, Apt. #, etc.

City & State

Lake Placid, FL

City & State

Lake Placid, FL

Zip

33852

Country

USA

Zip

33862-1589

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1984

5. FEI Number

65-0449669

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

SONIA BALDWIN

800038413788

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

555 Holmes Ave

06/29/04--01021--001 **1387.50

Suite, Apt. #, Etc.

City

Lake Placid

State

FL

Zip Code

33852

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

Sonia Baldwin

Date

6/21/04

REGISTERED AGENT MUST SIGN

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	Jesse C Baldwin	555 Holmes Ave	Lake Placid, FL 33852
VP.T. S.	SONIA BALDWIN	555 Holmes Ave	Lake Placid, FL 33852

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:

Sonia Baldwin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/21/04

Daytime Phone #

CR2E081 (01/04)