

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 19 PM 1:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000072030

1. Corporation Name

POWER PRESSURE INC

2. Principal Office Address

21011 JOHNSON ST.

3. Mailing Office Address

P.O. BOX 297611

Suite, Apt. #, etc.

# 124

Suite, Apt. #, etc.

City & State

PEMBROKE PINES FL

City & State

PEMBROKE PINES

Zip

33029

Country

BROWARD

Zip

33029

Country

BROWARD

REINSTATEMENT 02

600009078776

11/19/02--01031--002 \*\*900.00

4. Date Incorporated or Qualified  
To Do Business in Florida

OCT 18 93

5. FEI Number

65092315

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

ANNE DAKESIAN

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

405 S/W 198 TERRACE

Suite, Apt. #, Etc.

City

PEMBROKE PINES

State  
FL

Zip Code

33029

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

10-25-2002

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	ANNE DAKESIAN	405 S/W 198 TERR.	PEMBROKE PINES FL 33029
VP	STEVEN DAKESIAN	405 S/W 198 TERR.	PEMBROKE PINES FL 33029

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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-25-2002 954 572 0045

Daytime Phone #

CR2E081 (9/00)