

APPLICATION
FOR 95-97
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

97 SEP -9 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PA1000016045

1. Corporation Name
AC POWERTEK CORP.

Principal Place of Business Mailing Address
15221 N.E. 10th Avenue
N. Miami Beach, FL 33162

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		c/o Aballi, Milne, Kalil & Garrigo			
City & State		One S.E. Third Ave.		5. FEI Number	
		Suite 1980		65-0470293	
Zip		City & State		Applied For	
		Miami, Florida		Not Applicable	
Country		Zip		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
		33131		\$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PTD	Jose D. Castaños	15221 N.E. 10th Avenue	N. Miami Beach, FL 33162
VSD	Juan E. Castaños	15221 N.E. 10th Avenue	N. Miami Beach, FL 33162
			200002291092--9
			-09/11/97--01125--004
			***1080.00 ***1080.00
			REINSTATEMENT 95-97
			9/9/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Jose E. Castaños
15221 N.E. 10th Avenue
N. Miami Beach, FL 33162

Name
AMKGS Registered Agents, Inc.
Street Address (P.O. Box Number is Not Acceptable)
One S.E. Third Avenue
Suite, Apt. #, Etc.
Suite 1980
City
Miami

State
FL
Zip Code
33131

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

9-4-97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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.

JOSE D. HERNÁNDEZ CASTAÑOS.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/31/97

CR20040 (12/96)