

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

**FILED**

01 NOV 28 PM 1:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # PG4000033402

1. Corporation Name

Electric Power & light, Inc.

2. Principal Office Address

18815 N.W. 62 Ave

Suite, Apt. #, etc.

Apt #107

City & State

Miami, Fla.

Zip

33015

Country

Dade

3. Mailing Office Address

18815 N.W. 62 Ave

Suite, Apt. #, etc.

Apt #107

City & State

Miami, Fla.

Zip

33015

Country

Dade

**REINSTATEMENT**

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

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

Alfredo Horta

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

18815 N.W. 62 Ave

Suite, Apt. #, Etc.

Apt #107

City

Miami

State

FL

Zip Code

33015

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\*\*\*1658.75 \*\*\*1658.75

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

Alfredo Horta

REGISTERED AGENT MUST SIGN

Date 11-23-01

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
<u>President</u>	<u>Alfredo Horta.</u>	<u>18815 N.W. 62 Ave #107</u> <u>Miami, Fla. 33015.</u>	<u>Miami, Fla. 33015</u>

LS

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:

Alfredo Horta

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-23-01 (305) 389-8848

Date

Daytime Phone #

CR2001 (9/00)