

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

1997 FEB 17 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000055202**

1. Corporation Name

POWERHOUSE MACHINE SHOP, INC.

Principal Place of Business

Mailing Address

3041 NE JAX RD
STE 4
OCALA FL 34479
US

1899 NE 28 STREET
OCALA FL 34470
US

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

2. New Principal Office Address, If Applicable

2101 NE JAX Rd

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OCALA

City & State

Zip

34470

Country

MARION

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

07/25/1994

5. FEI Number

59-3257750

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$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 |
|---|-------------------------------------|---|---|
| D | KINSEY, JOHN D | 2918 NE 17 TERR | OCALA FL 34470 |
| D | KINSEY, BETTY J | 1899 NE 28 STREET | OCALA FL 34470 |
| | | | 500002092955--5 -02/20/97--01030--017 ****923.75 ****923.75 |
| REINSTATEMENT <i>abg 2/19/97</i> | | | |

8. Name and Address of Current Registered Agent

KINSEY, MELANIE D
1899 NE 28 STREET
OCALA FL 34470

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Melanie Kinsey
REGISTERED AGENT MUST SIGN

Date

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.

SIGNATURE: *John David Kinsey*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

352-867-5766

CR2E040 (7/96)