

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 NOV 16 PM 2:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000055202

1. Corporation Name

POWERHOUSE MACHINE SHOP, INC.

2. Principal Office Address - No P.O. Box #

2101 NE JACKSONVILLE RD

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OCALA, FL

City & State

Zip

34470

Country

USA

Zip

Country

600112376526  
11/16/07--01027--005 \*\*300.00

REINSTATEMENT 06-07

4. Date Incorporated or Qualified To Do Business in Florida

07-25-94

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. Name and Address of Current Registered Agent

Name

JOHN D KINSEY

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

2101 NE JACKSONVILLE ROAD

Suite, Apt. #, Etc.

City

OCALA

State

FL

Zip Code

34470

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

*John D Kinsey*

REGISTERED AGENT MUST SIGN

Date 11-15-07

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
D	JOHN D KINSEY	1899 NE 28TH ST	OCALA, FL 34470
D	BETTY J KINSEY	1899 NE 28TH ST	OCALA, FL 34470
	<i>JR 11/20</i>		

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 contained in Chapter 119, 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 D Kinsey*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-15-07

Date

Daytime Phone #