

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000047771**

1. Corporation Name

MEGA POWER OF VIRGINIA, INC.

Principal Place of Business

3093 46TH AVE. NORTH
ST. PETE FL 33714

Mailing Address

3093 46TH AVE. NORTH
ST. PETE FL 33714

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/13/1995

5. FEI Number

50-3326602

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75. Add. Dues are 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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	PRIDGEN, GRADY C III	3093 46TH AVE. NORTH	ST. PETE FL 33714
D	PRIDGEN, CHRISTOPHER M	3093 46TH AVE. NORTH	ST. PETE FL 33714

900003045979--7
-11/16/99--01079--008
****158.75 ****158.75

8. Name and Address of Current Registered Agent

PRIDGEN, GRADY C III
3093 46TH AVE. NORTH
ST. PETE FL 33714

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 807.0506, F.S.

Signature of
Registered Agent

Date

REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 807 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 807.0401 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



October 15, 1999

Ms. Kathy Hyman
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
409 East Gaines Street
Tallahassee, FL 32399

RE: MEGA POWER OF VIRGINIA, INC. 59-3326602

Dear Kathy:

As a follow up to our phone conversation Friday morning, attached please find the reinstatement application with check number 4331, payable to the Department of State for \$158.75. I did not receive any correspondence prior to this Notice of Dissolution or Revocation.

Thank you for your assistance with this request and please call me at (727) 525-1474 with an update of this matter.

Sincerely,

GRADY PRIDGEN, INC.

Millie Wyant
Financial Services