

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 OCT 28 AM 8:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000091777

1. Corporation Name

POWER PAGING, INC.

Principal Place of Business

4545 FOREST HILL BLVD  
SUITE 3  
WEST PALM BEACH FL 33415

Mailing Address

4545 FOREST HILL BLVD  
SUITE 3  
WEST PALM BEACH FL 33415

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

11/30/1995

5. FEI Number

65-0639136

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	PARRA, OSCAR	4545 FOREST HILL BLVD	WEST PALM BEACH FL 33415
D	PARRA, MERY	4545 FOREST HILL BLVD	WEST PALM BEACH FL 33415

400008638744  
10/28/02--01136--003 \*\*150.00

8. Name and Address of Current Registered Agent

PARRA, OSCAR  
4545 FOREST HILL BLVD  
SUITE 3  
WEST PALM BEACH FL 33415

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

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

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 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:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/23/02

(561) 968-1132

Date

Daytime Phone #

October 24, 2002

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Power Paging, Inc.  
P95000091777  
Annual Report

To Whom It May Concern:

Attached please find reinstatement form you sent me. I called your offices because I was surprised to receive this notice and penalties to reinstate. I explained that I had never received a notice to pay the annual report. I have had this corporation since 1995 and they always send me a report and I send it back with the amount due.

I was told by phone to explain what had happened and to send in the \$150.00, enclosed find check. THANK YOU.

Sincerely,

  
Oscar Parra