

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 29 AM 8:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000034998

1. Corporation Name

POWERLINE PUBLISHING GROUP, INC.

Principal Place of Business

3600 CONGRESS AVENUE  
SUITE K  
BOYNTON BEACH FL 33426-8488  
US

Mailing Address

3600 CONGRESS AVENUE  
SUITE K  
BOYNTON BEACH FL 33426-8488  
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

04/18/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0668309

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	4 City / State / Zip
P	GREENHUT, DOUGLAS B	1131 SEASPRAY AVENUE	DELRAY BEACH FL 33483
VP	GREENHUT, STEVEN E	2 OCEAN CREST	DELRAY BEACH FL 33483
S	GREENHUT, WENDY J	1131 SEASPRAY AVENUE	DELRAY BEACH FL 33483

800008644988  
10/29/02--01038--022 \*\*150.00

8. Name and Address of Current Registered Agent

GREENHUT, DOUGLAS B  
1131 SEASPRAY AVENUE  
DELRAY BEACH FL 33483

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10-24-02

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

10-24-02 561-732-8111

Date

Daytime Phone #

CR2E040 (8/02)



Florida Department of State  
DIVISIONS OF CORPORATIONS  
ANNUAL REPORT / REINSTATEMENT SECTION  
P.O. Box 6327  
Tallahassee, FL 32314-6327

To whom it may concern,

We received your APPLICATION FOR REINSTATEMENT and are very confused. Our company was not dissolved, we are an ongoing business, paying taxes to the state etc. This must be an error!

We never received your "2002 corporation annual report/uniform business report form" asking for this information.

I have included the normal pyament amount and hope that this settles this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Douglas Greenhut", is written over a horizontal line.

Douglas Greenhut  
President

3600-K South Congress Ave. Boynton Beach, Florida 33426

Phone 561-732-8111 Fax 561-732-8183