

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 DEC 16 PM 4:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000078276

1. Corporation Name

Armand Powers, Inc.

507 Shadow Grove Court
507 Shadow Grove Court

2. Principal Office Address

507 Shadow Grove Court

3. Mailing Office Address

507 Shadow Grove Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lutz, Florida

City & State

Lutz, Florida

Zip

33548-4485

Country

USA

Zip

33548-4485

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 08/28/1996

5. FEI Number

593397429

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

5075 Additional Fee required for Certificate of Status

REINSTATEMENT 02-07

7. Name and Address of Current Registered Agent

Name

Scott T Reph, Sr.

Street Address (P.O. Box Number is Not Acceptable)
507 Shadow Grove Court

600043463616

12/16/04--01031--002 *#1203.75

Suite, Apt. #, Etc.

City
Lutz

State
FL

Zip Code
33548-4485

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

Date 12/14/2004

REGISTERED AGENT MUST SIGN

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/C/P	Scott T. Reph, Sr.	507 Shadow Grove Court	Lutz, Florida 33548-4485
D	Alpha I Reph	507 Shadow Grove Court	Lutz, Florida 33548-4485

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 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

SCOTT T. REPH, SR

12/14/2004

813-933-4900 x101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)