

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILED

97 DEC -9 AM 11:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000091940

1. Corporation Name

HI-POWER, U.S.A., INC.

Principal Place of Business

3015 NW 79 STREET #E7-  
MIAMI FL 33147

Mailing Address

3015 NW 79 STREET #E7-  
MIAMI FL 33147

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

2. New Principal Office Address, If Applicable

3030 NW 79th ST  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

7112 NW 50 ST  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

11/06/1996

5. FEI Number

65-0707369

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
STD	KLIGER, SHMUEL	7112 NW 50 ST 2 FL	MIAMI FL 33147
PD	AVITAN, MOMY	3015 NW 79 STREET	MIAMI FL 33147
			000002370020-- E -12/12/97--01001--002 ****750.00 ****750.00

REINSTATEMENT

97  
56 12-11-97

8. Name and Address of Current Registered Agent

SCHOTT, LAWRENCE D  
7112 NW 50 STREET 2ND FLOOR  
MIAMI FL 33146

9. Name and Address of New Registered Agent

Name

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

1250 E HALLANDALE BCH BLVD

Suite, Apt. #, Etc.

PENTHOUSE

City

HALLANDALE

State

FL

Zip Code

33009

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.

Signature of  
Registered Agent

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 12/14/97

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information  
on Intangible tax.)

12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]* MR. SAMUEL KLIGER

12/2/97

Date

3065889596

Daytime Phone #