

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

02 APR 19 PM 12:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P97000021286

1. Corporation Name

POWER DIESEL CORP.

2. Principal Office Address

3550 N.W. 31 STREET

3. Mailing Office Address

3550 N.W. 31 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL 33142

City & State

Miami, FL 33142

Zip

33142

Country

USA

Zip

33142

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

3/7/1997

5. FEI Number

65-0733873

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

LILLIAM GUTIERREZ

400005393764--1

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

3550 N.W. 31 STREET

-04/30/02--01065--011

***1350.00 ***1350.00

Suite, Apt. #, Etc.

City

Miami, FL

State

FL

Zip Code

33142

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

L. Gutierrez

Date 4-12-02

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
P	LILLIAM GUTIERREZ	3550 N.W. 31 STREET	Miami, FL 33142
S	FANNY GUTIERREZ		
T	MARIA GUTIERREZ		
D	ALFREDO GUTIERREZ		
D	JOSE GUTIERREZ		

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:

L. Gutierrez / LILLIAM GUTIERREZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-02

Date

305-634-2440

Daytime Phone #

CR2E081 (9/01)

4/26/02



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

April 4, 2002

WILLIAM R. VIVAS, D.P.M., P.A.
3051 W. FLAGLER STREET
MIAMI, FL 33135

SUBJECT: WILLIAM R. VIVAS, D.P.M., P.A.
Ref. Number: J40321

We have received your document for WILLIAM R. VIVAS, D.P.M., P.A. and check(s) totaling \$1200.00. However, your check(s) and document are being returned for the following:

Pursuant to section 607.1422(1)(b), 617.1422(1)(b), or 608.4482, Florida Statutes, your designated registered agent must acknowledge the designation by signing in the appropriate block of the form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Andy Dunlap
Document Specialist Supervisor

Letter Number: 802A00019882