	DI CACE DEAD	ALL INIOT	DUCTIONS	DEFORE C	SOMOLETI	NO THE FORM
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS F APPLICATION FOR HOW Secretary of State Secretary of State						ING THIS FORWI.
REIN	STATEMENT	VISION OF CORPORATIONS		1	FILED	
DOCUMENT # P97000075570 1. Corporation Name					99 SEP 21 PM 1: 12	
POWER BUILDING SUPPLIES, INC.					SCORCIANT OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business Maili			PSS		}	The Company Compa
	Pion Blvd. #6:230 Dn Fl 33498	5030 CHAMPION BLVD. #6-230 BOCA RATON FL 33498			I NORMALIA ANI AND	
If above addresses are incorrect in any way, line through incorrect information and 2. New Principal Office Address, If Applicable [3] New Mailing Office Address.						
Sulte, Apt	W, etc	Suite, Apt. #, etc.			06(28) 1887	
City & State		City & State			65-0782804 Applied For Not Applicable	
7ip	Country	Žip	Country	,	8. CERTIFICATE	OF STATUS DESIRED
7. Names a	and Street Addresses of Each Officer and/	or Director (Flo	Chr.	of Address of Each		
Title(s) and/or Directors			Officer and/or Director (Do NOT Use Post Office Box Numbers)			City / State / Zip
PD DUMONT, RICAHRO M			5030 CHAMPION BLVD. #6-230			BOCA RATON FL 33498
D GONZALEZ, JUAN			5030 CHAMPION BLVD. #8-230			BOCA RATON FL 33498
D DAVID, JOHN			5030 CHAMPION BLVD. #8-230			BOCA RATON FL 33498
			The second secon			
				90000000189-0 -10/05/9901081012 *****900.00 *****900.00		
8. Name and Address of Current Registered Agent				9. Name and Address of New Registered Agent		
DUMONT, RICHARD M 5030 CHAMPION BLVD. #6-230 BOCA RATON FL 33496				Neme On ARK Dayid Street Address (P.O. BOANumber is Not Acceptable) 50.50 Champ ON Rud #6-230 Butte, Apt. W. Etc. City State Zio 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. Signature of 1997 1997 1998 1998 1998 1998 1998 1998						
Registered Agent Date REGISTERED AGENT MUST SIGN						
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other aide 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 fidividuals listed on this form do not qualify for an exemption under section (19.07(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: BIGNATURE AND TYPED OR FRINTED NAME OF BIGNING OFFICER OR DIRECTOR 9/10/99 330-2442						