

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 DEC 10 AM 10:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000016797

1. Corporation Name

POWERSUPPLY, INC.

Principal Place of Business

Mailing Address

2420 S.W. 15TH TERRACE
PALM CITY FL 34990

2420 S.W. 15TH TERRACE
PALM CITY FL 34990

1140 Holland Dr. #5
Boca Raton, FL 33487
← same

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

33487

USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/20/1998

5. FEI Number

65-0867458

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee is paid 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
DP	WALSH, JOHN	2420 S.W. 15TH TERRACE	PALM CITY FL 34990
DV	VIETI, FABIO	VIA CARLO BERTOLAZZI	LA STORTA ROMA, ITALY 00123
M	Michael Rolfe	309 NW Spanish River Blvd.	Boca Raton, FL 33431
D	Murco Vietti	3595 N. Dixie Hwy. #5	Boca Raton, FL 33431
			000003076600--0
			-12/21/99--01055--023
			***750.00 ***750.00

REINSTATEMENT 99 TS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WALSH, JOHN
2420 S.W. 15TH TERRACE
PALM CITY FL 34990

Name Michael Rolfe

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

309 NW Spanish River Blvd.

Suite, Apt. #, Etc.

Boca Raton

State FL

Zip Code

33431

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

REGISTERED AGENT MUST SIGN

Date

12-2-99

11. I certify that I am an officer or director of 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 TYPE OF PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/8/99