

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # P8000016797

1. Corporation Name

Powersupply, INC.

2. Principal Office Address

4100 N. Powerline Rd.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

7-1

Suite, Apt. #, etc.

SAME

City & State

Pompano Beach, FL

City & State

SAME

Zip

33073

Country

BROWARD

Zip

SAME

Country

SAME

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 required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MIRCO VIETTI

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

4100 N. Powerline Rd.

Suite, Apt. #, Etc.

7-1

City

Pompano Beach, FL

State

FL

Zip Code

33073

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

1/14/03

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
President	MIRCO VIETTI	4100 N. Powerline Rd. 7-1	Pompano Beach, FL 33073
Director	FABIO VIETTI	4100 N. Powerline Rd. 7-1	Pompano Beach, FL 33073

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)(f), 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

MIRCO VIETTI, Pres.

Date

1/14/03

Daytime Phone #

954-990-9997

CR2E081 (10/02)

Power Supply Inc.

4100 North Powerline Rd #F1

Pompano Beach, Florida

33073

Phone # 954-970-9997

Fax # 954-970-9272

E-mail: mircovietti@yahoo.com

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

January 14, 2003

To Whom It May Concern:

We became aware that our corporation was inactive when someone requested a Dunn & Bradstreet report on our company. We were never notified that an annual report for year 2001 was never filed with the State of Florida. We are then requesting a wavier of any penalty that may be incurred for our reinstatement.

Sincerely,


Mirco Vietti, President
POWERSUPPLY, Inc.