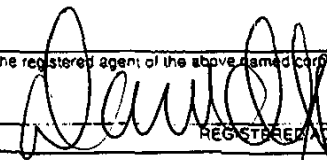
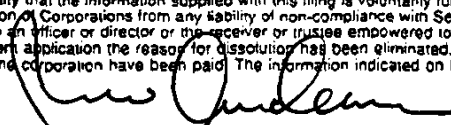


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS		FILED 00 NOV 30 PM 4: 05 SECRETARY OF STATE TALLAHASSEE FLORIDA	
DOCUMENT # D08000032073					
1. Corporation Name 1651 North Powerline, Inc.					
Mailing Address		Principal Place of Business			
1651 North Powerline Road Pompano Beach, FL 33060					
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Mailing Address, If Applicable 2821 NE 36 Street Suite, Apt. #, etc.		3. New Principal Office Address, If Applicable Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida April 7, 1998	
City & State Lighthouse Point, FL		City & State		5. FEI Number 65-0834583	
Zip 33064 Country		Zip Country		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)					
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		
P/D	Uno Anderson	2821 NE 36 Street	Lighthouse Point, FL 33064		
			0000003490920--0 -12/08/00--01008--008 *****8.75 *****8.75		
			0000003490920--0 -12/08/00--01008--009 *****900.00 *****900.00		
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent		
Daniel E. Oates 1500 East Atlantic Blvd., Ste. B Pompano Beach, FL 33060			Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL		
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: 11/29/00					
11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)					
12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on intangible tax.) KE					
13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.  UNO ANDERSON Cell - (954) 415-5997 Date: 11/29/00 Daytime Phone #					
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					