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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 # P98000032073

1. Corporation Name

1651 North Powerline, Inc.

Mailing Address

1651 North Powerline Road
Pompano Beach, FL 33060

Principal Place of Business

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 99.00
DO NOT WRITE IN THIS SPACE

2. New Mailing Address, If Applicable
2821 NE 36 Street
Suite, Apt. #, etc.
City & State
Lighthouse Point, FL
Zip 33064 Country

3. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida
April 7, 1998

5. FEI Number
65-0834583
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED X $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)

1 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
			000003490920--0 -12/08/00--01008--008 ******8.75 ******8.75
			000003490920--0 -12/08/00--01008--009 ****900.00 ****900.00

8. Name and Address of Current Registered Agent

Daniel E. Oates
1500 East Atlantic Blvd., Ste. B
Pompano Beach, FL 33060

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State FL Zip 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 Registered Agent Daniel E. Oates 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.

SIGNATURE: Uno Anderson UNO ANDERSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/29/00 Date

Cell - (954) 415-5997 Daytime Phone #