

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 APR 30 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **p98000049261**

1. Corporation Name

LION POWERS, INC.

2. Principal Office Address

420 US 1

Suite, Apt. #, etc.

SUITE 15

City & State

N. PALM BEACH, FLA.

Zip
33408

Country

U.S.A.

3. Mailing Office Address

420 US 1

Suite, Apt. #, etc.

SUITE 15

City & State

N. PALM BEACH, FLA.

Zip

33408

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0841329

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

400017278054
04/29/03--01028--021 **750.00

7. Name and Address of Current Registered Agent

Name

Hiram Nieves

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

10790 PASO FINO DRIVE

Suite, Apt. #, Etc.

LAKE WORTH

City

LAKE WORTH

State
FL

Zip Code
33467

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **04/22/03**

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	Hiram Nieves	10790 PASO FINO DR.	LAKE WORTH, FLA. 33467

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)(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] **Hiram Nieves**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

04/22/03

Daytime Phone #

561.844.8227

CR2E081 (10/02)

js 4/30

LION POWERS, INC.

April 22, 2003

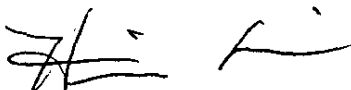
Florida Department State
Secretary of State
Division of Corporations
Corporation Reinstatement

Dear Sir or Madam:

Enclosed please find the reinstatement form for Lion Powers, Inc. (P98000049261), and check #1224 in the amount of \$750.00.

We just recently became aware of our "inactive" status during the process of changing accountants. Our previous registered agent failed to advise us of the annual reporting requirements. We would appreciate it, if we were allowed to forget any penalties that may be assessable. If we had been properly advised, we would have definitely complied. Thank you, for your consideration.

Sincerely,



Hiram Nieves SR
Lion Powers, Inc.