

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 FEB 12 AM 11:26

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P99000011176

1. Corporation Name

CURRENT TECHNOLOGIES INC

2. Principal Office Address

521 NORTH 13 AVE
Suite, Apt. #, etc.

3. Mailing Office Address

521 NORTH 13 AVE
Suite, Apt. #, etc.

City & State

HOLLYWOOD FLORIDA

City & State

HOLLYWOOD FLORIDA

Zip

33019

Country

USA

Zip

33019

Country

USA

REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business in Florida**

02-04-99

5. FEI Number

65-0892633

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

VICTOR JAMES ABBATE JR.

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

521 NORTH 13 AVE

Suite, Apt. #, Etc.

City

HOLLYWOOD

State

FL

Zip Code

33019

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

Victor J. Abbate Jr.

REGISTERED AGENT MUST SIGN

Date 02-09-2001

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
PD	VICTOR J. ABBATE JR.	521 NORTH 13 AVE	HOLLYWOOD FL. 33019
VPD	KATHRYN M. ABBATE	521 NORTH 13 AVE	HOLLYWOOD FL. 33019

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-09-2001

Date

954-923-4976

Daytime Phone #