## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



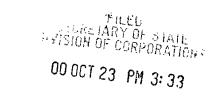
## FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P99000024653

1. Corporation Name

POWER SHADES OF FLORIDA, INC.



					]		
Principal Place of Business Mailing Address					1 (0.00) (0.00)	14 (BILE 181): 86(1) 88(1) 88(1) 88(1)	NAME AND A DICTAL BANGA (NAME AND ASSESSMENT
5180 23RD CT. SW 5180 23RD C NAPLES FL 34116 NAPLES FL 3							
					REINS'	TATEMEN	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.							-
New Principal Office Address, If Applicable     New Mailing Office Address, If Applicable					4. Date incorpt To Do Busin	orated or Qualified ess in Florida	3/11/1999
Suite, Apt. #, etc. 5820			Yahl St. Suite 5		5. FEI Number		Applied For
City & State	ila F	City & State	oles Fo	,		563216	Not Applicable
341	DA Country lier	<sup>Zip</sup> 341	Country	ollier	6. CERTIFICATE		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)	Name of Officers and/or Directors 2			et Address of Each cer and/or Director		City / S	tate / Zip
D	SINERIZ, MIGUEL		<del>-5180 23RD-CT. SW</del> _		NAPLES FL 34116		
D	Sineriz, Miguel		2557 55th Terr S.W. #		Naples, F	34116	
				:	10	0003455 -11/07/000	7610 01101014 ****759.75
					101		
					(18) II	1	
8. Name and Address of Current Registered Agent					Name and Address of New Registered Agent		
Name Si Ne					eriz, Miquel		
					(P.O. Box Number is Not Acceptable)		
5100 23ND CI. 3W					00 14	$\xi_{\overline{K}}$ , $\xi_{\overline{K}}$ ,	
NAPLES FL 34116							
City Waple					25	Stat 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 10-14-7000							
11. I certify that I am an officer or director or the receiver or trusted empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling 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.							
Miquel Siveriz 10-14-2000 (941) 370-7866							
SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #							

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