

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 MAR -8 AM 9:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000043512

1. Corporation Name

Power Electronics & Controls, Inc.

2. Principal Office Address

1137 Benjamin Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 533852

Suite, Apt. #, etc.

City & State

Winter Park, FL

City & State

Orlando, FL

Zip

32789

Country

USA

Zip

32853-3852

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

05-10-99

5. FEI Number

59-3581541

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

100003911731-1

Name

Robert T. Klingbeil

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

341 Venice Avenue West

Suite, Apt. #, Etc.

City

Venice

State

FL

Zip Code

34285

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

R. J. Kess

REGISTERED AGENT MUST SIGN

Date

03/02/01

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
Pres.	Kathy A. Schumacher	1137 Benjamin Ave.	Winter Park, FL 32789
Sec.	Kathy A. Schumacher	1137 Benjamin Ave.	Winter Park, FL 32789
V.P.	Melissa T. Hummel	1137 Benjamin Ave.	Winter Park, FL 32789
Treas.	Melissa T. Hummel	1137 Benjamin Ave.	Winter Park, FL 32789

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:

Melissa T. Hummel
Melissa T. Hummel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-01

Date

(407) 740-8149

Daytime Phone #

CR2E081 (9/00)