

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 FEB 13 AM 9:50

DOCUMENT # P99000067377

1. Corporation Name

Chrys Power Electric, corp.

2. Principal Office Address

2218 SW 137 PL

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33175

Country

3. Mailing Office Address

2218 SW 137 PL

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33175

Country

REINSTATEMENT

CRZE081 (12/05)

04-06

4. Date Incorporated or Qualified
To Do Business in Florida

07/22/99

5. FEI Number

69-0934442

☒ 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

Cesar Hernandez

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

2218 SW 137 PL

600066214156

02/20/06--01073--013 **8.5

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33175

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

Date 01/25/06

REGISTERED AGENT MUST SIGN

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
P	Cesar Hernandez	2218 SW 137 PL	Miami, FL, 33175

600066214156

02/20/06--01073--014 **450.00

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 contained in Chapter 119, 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

Cesar Hernandez

Date

01/25/06 (305) 228-89

Daytime Phone #

37

*Did Not Receive 2004 report