

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS**

**DOCUMENT # P99000094065**

1. Corporation Name

*Power Source Maintenance Corp.*

2. Principal Office Address

*12700 SW 149st*

3. Mailing Office Address

*SMPR*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*Miami FL*

City & State

Zip

*33186*

County

*Dade*

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

*10-22-99*

5. FEI Number

*20-4838785*

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

*ARMANDO HERRERA*

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

*12700 SW 149st*

*0000075546030*

*10/31/06-01/05-001 \*\*105 .00*

Suite, Apt. #, Etc.

City

*Miami*

State  
**FL**

Zip Code  
*33186*

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

*Armando Herrera*

*Armando Herrera Pres.*

Date

*5-9-06*

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
Pres.	<i>ARMANDO HERRERA</i>	<i>12700 SW 149st</i>	<i>Miami FL 33186</i>
		<i>10/25/06</i>	

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:

*Armando Herrera Pres. 5-9-06 (78b) 2552/01*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

May 9, 2006

Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

RE: Document#P99000094065

To whom it may Concern:

We had never received Annual Report. Please accept payment of previous years and put corporation current.

Thank You,

Armando Herrera  
President

Note. Please forward any documents to:  
Accurate  
8300 W.Flagler Street  
Suite 118  
Miami, Florida 33144