

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 MAY 17 PM 1:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # D990000 940 65

1. Corporation Name

Power Source Maintenance Corp.

2. Principal Office Address

12700 SW 149th

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Zip

33186

Country

Dade

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10-22-99

5. FEL Number

20-4838485

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 149th

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

X [Signature]

REGISTERED AGENT MUST SIGN

ARMANDO HERRERA Pres.

Date

5-9-06

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.	ARMANDO HERRERA	12700 SW 149th	Miami FL 33186

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: X [Signature] ARMANDO HERRERA Pres. 5-9-06 (786) 2552101

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