

APPLICATION
FOR
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 DEC 30 PM 3:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S41161

1. Corporation Name

POWERLINE INVESTMENT CORP.

Principal Place of Business

12491 S.W. 97TH ST.
MIAMI FL 33186

Mailing Address

12491 S.W. 97TH ST.
MIAMI FL 33186

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

1307 CAMPOSANO AVE

Suite, Apt. #, etc.

City & State

CORAL GABLES FLORIDA

Zip
33146-1165

Country

USA

3. New Mailing Office Address, If Applicable

1307 CAMPOSANO AVE

Suite, Apt. #, etc.

City & State

CORAL GABLES

Zip

33146-1165

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

03/27/1991

5. FEI Number

65-0253364

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	VILLAR, GUILLERMO	6200 RIVIERA DRIVE	CORAL GABLES FL
D	WILSON, MILLAR	5950 S.W. 135TH TERR 1307 CAMPOSANO AVE	MIAMI FL CORAL GABLES, FL.
D	SIGARRETA, AUGUSTO	12491 S.W. 97TH ST 4524 SAN AMARO DRIVE	MIAMI FL CORAL GABLES, FL.

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****750.00 ****750.00

8. Name and Address of Current Registered Agent

SIGARRETA, AUGUSTO
12491 S.W. 97TH ST.
MIAMI FL 33186

9. Name and Address of New Registered Agent

Name

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

4524 SAN AMARO DRIVE

Suite, Apt. #, Etc.

City

CORAL GABLES

State

FL

Zip Code

33146

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

12/30/99

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/30/99

Date

305-460-4025

Daytime Phone #