

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 DEC -1 PM 12:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S77918

1. Corporation Name

BATTERY WORLD INC.

2. Principal Office Address - No P.O. Box #

2634 Apopka Blvd.

Suite, Apt. #, etc.

3. Mailing Office Address

2634 Apopka Blvd.

Suite, Apt. #, etc.

City & State

Apopka, Fla.

City & State

Apopka, Fla.

Zip

32703

Country

U.S.A.

Zip

32703

Country

U.S.A.

500188280665
12/01/10--01028--015 **758.75

REINSTATEMENT 10

4. Date Incorporated or Qualified
To Do Business in Florida

1991

5. FEI Number

59-2131148

☐ 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

Thomas D. Jones

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

5995 AlBeth Rd.

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32810

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

Thomas D. Jones
REGISTERED AGENT MUST SIGN

Date 11-29-10

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/V/D	THOMAS D. JONES	5995 ALBETH RD	Orlando FL 32810

10. E-mail Address:

(To be used for future annual report notification)

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. I further certify, 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:

Thomas D. Jones

THOMAS D. JONES

11-29-10

407-295-9482

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #