## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION FOR** REINSTATEMENT:



## FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	V	1	Į	3	78
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1. Corporation Name

power center MARINE

FILED 97 FEB 25 PM 2: 50 ALLAHASSEE, FLORIDA

Display Plans of Display	
Principal Place of Business	Mailing Address
HIALEAH, FC 33010	P.O. BOX 561009 MIAMI FL 33256

Principal Pl	lace of Busine			Mailing Addi	000				-
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li ahove a	iddresses are	incorrect in a	ing way line thi	ough incorrect i	nformation :	and enter	correction by	elow	
L	ncipal Office			3. New Mail					Date Incorporated or Qualified
									To Do Business in Florida
Suite, Apt.	#, etc.			Suite, Apt. #	, etc.				5. FEI Number
City & State				City & State	2			Applied For	
Day D Oran	_			July di Oldie	Siare				65-0316169 Not Applicable
Zιρ		Country	,	Zip	p Country			S8 /5 Additional Fee required	
									for a Certificate of Status
7. Names a	and Street Ad	dresses of Ea	ach Officer and	or Director (Fig	rida nonpro	fit corpor	ations must l	ist at lea	east 3 directors)
Trtle(s)			of Officers or Directors				reet Address fficer and/or		
1	2				3 (0	NOT L	lse Post Offic	e Box N	Numbers) 4
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							KŁ	M9	STATEMENT 90-47 Stylo-
8. Name and Address of Current Registered Agent						9. Name and Address of New Registered Agent			
Name									
John M. LEWIS									
Street Address (P.				P.O. Box Number is Not Acceptable)					
YOU W 29Th STREET  WIRLEAM FL 33010  Street Address (P		2.							
H	XLEN	•> •	774				City		State Zip Code
							1		FL
10.fil, being	appointed the	e registered a	igent of the abo	ive named corpo	oration, am	familiar w	rith and accep	ot the ob	obligations of Section 607.0505, F.S.
Signature of	f			- Lay	/_				
Registered	Agent		PL	GISTERED AG	ENT MUST	SIGN			Date 2/19/5-7
11. Do	es this o	corporat	tion pay a	any intang	jible ta:	x to th	ne	г.	(See other side for information
De	pt. of Re	evenue	under S.	199.032,	Florida	a Stat	utes.	Yes 2	No on intangible tax.)
	-			· · · · · · · · · · · · · · · · · · ·					
12.1 certify	that I am an c	fficer or direc	tor or the recei	ver or trustee en	npowered to	execute	this applicati	ion as pr	provided for in chapter 607 or 617, F.S. I further certify that when filing

this reinstalement 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 John Lewis

(305)670-7812