

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 DEC 30 PM 2:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # V17830

1. Corporation Name

POWER VENT TECHNOLOGIES, INC.

Principal Place of Business

Mailing Address

1200 S. DIXIE HWY. WEST  
POMPANO BEACH FL 33060

1200 S. DIXIE HWY. WEST  
POMPANO BEACH FL 33060

**REINSTATEMENT 99**

If above addresses are incorrect in any way, please enter correct information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

02/28/1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

APPLIED FOR

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required  
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	Dwyer, Richard R., Jr.	1000 W. Sample Road, Suite 304	Coral Springs FL 33065
P	SMALL, MARK	5067 Garfield Road	Delray Bch., FL 33484

600003087986-4  
-01/04/00--01006--024  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Dwyer, Richard R., Jr.  
1200 S. DIXIE HWY. WEST  
POMPANO BEACH FL 33060

Name

MARK SMALL

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

5067 Garfield Road

Suite, Apt. #, Etc.

City

Delray Beach

State

FL

Zip Code

33484

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

*Mark Small*  
REGISTERED AGENT MUST SIGN

Date

12-14-99

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

MARK SMALL

Pres.

12/17/99

Date

954  
9434243  
Daytime Phone #

S. PAYNE JAN 5 - 2000