

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

98 FEB 18 PM 1:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # V23313

1. Corporation Name

Power Transmissions Associates, Inc.

Principal Place of Business

Mailing Address

325 Hall Street  
Tiffin, OH 44883

REINSTATEMENT 93-98

*a. alay*  
*2/18/98*

If above addresses are incorrect in any way, line through incorrect 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

March 18, 1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

34-1711208

Applied For

Not Applicable

City & State

City & State

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Chm. Dir.	F. C. Spurck	325 Hall Street	Tiffin, OH 44883
Pres. Dir.	John Cabrera	3191 Coral Way 3rd Fl.	Miami, FL 33145
Tres. Dir.	C. D. English	325 Hall Street	Tiffin, OH 44883
Sec.	Brent T. Howard	84-88 S. Washington St.	Tiffin, OH 44883
Dir.	J. F. Riedel	325 Hall Street	Tiffin, OH 44883
			800002435448--4 -02/19/98--01072--005

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Antonio R. Zamora  
3191 Coral Way, Third Floor  
Miami, FL 33145

Name

C T Corporation System

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

1200 South Pine Island Rd.

Suite, Apt. #, Etc.

City  
Plantation

State  
FL

Zip Code  
33324

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

*[Signature]*

Date

*2/18/98*

REGISTERED AGENT *[Signature]* Donahue, Asst. Secretary

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

*No liability*

(See other side for information  
on intangible tax.)

12. 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*2/12/98*

419-447-8232

Daytime Phone #

CR2E040 (8/97)