

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 18 PM 3:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V46764

1. Corporation Name

POWER TEAM, INC.

Principal Place of Business

600 N CONGRESS
STE 350
DELRAY BEACH FL 32445
US

Mailing Address

600 N CONGRESS
STE 350
DELRAY BEACH FL 32445
US

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

2. New Principal Office Address, If Applicable

6177 Jog Road
Suite, Apt. #, etc.
Lake Worth 71
City & State
33467

3. New Mailing Office Address, If Applicable

Same
Suite, Apt. #, etc.
6177 Jog Road SD
City & State
Lake Worth
Zip
33467 Country
Palm Beach

4. Date Incorporated or Qualified
To Do Business in Florida

06/29/1992

5. FEI Number

65-0344879

Applied For

Not Applicable

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	STONE, JACK D	3201 BLACK OAK CT.	BOYNTON BEACH FL 33406
VP	STONE, JUDY K	3201 BLACK OAK CT.	BOYNTON BEACH FL 33406

600009052776
11/18/02--01084--011 **150.00

8. Name and Address of Current Registered Agent

STONE, JUDY K.
3201 BLACK OAK CT.
BOYNTON BEACH FL 33436

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

11/1/02

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/1/02 561-721-1162

THE FURNITURE COMPANY

- 6177-D Jog Road Lake Worth, Florida 33467
- Phone # 721-1102
- Fax# 561-721-0054

November 13, 2002

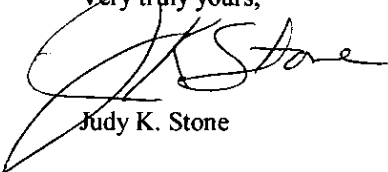
Divisions of Corporation
Annual Report Reinstatement Section
P. O. Box 6327
Tallahassee, Florida 32314-6327

Dear reinstatement department:

Enclosed please find our check in the amount of \$150.00 for Power Team Inc. Document V46764.

We never received the previous reports because we are no longer at 600 North congress and respectfully request the reinstatement fee too be waived. should you have any questions please do not hesitate to call at 561-721-1102.

Very truly yours,

A handwritten signature in dark ink, appearing to read "Judy K. Stone". The signature is fluid and cursive, with the first name "Judy" and last name "Stone" being clearly legible.

Judy K. Stone