

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

**CORPORATION
REINSTATEMENT**



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

02 OCT 25 AM 8:01

DOCUMENT # **V68665**

1. Corporation Name

POWERCOM, Inc.

2. Principal Office Address

5004A W. Linebaugh Ave

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 273847

Suite, Apt. #, etc.

City & State

TAMPA FL

City & State

TAMPA FL

Zip

33624

Country

USA

Zip

33688

Country

4. Date Incorporated or Qualified
To Do Business in Florida

9-30-92

5. FEI Number

59-3147414

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

JAY A NIZBORSKI

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

18124 GUNN HWY

Suite, Apt. #, Etc.

City

ODessa

State
FL

Zip Code

33556

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

REGISTERED AGENT MUST SIGN

Date

10-22-02

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
D	JAY A NIZBORSKI	18124 GUNN HWY ODessa FL 33556	
D	Vincent G. Podolski	7429 TYNGWIND DR WAKE FOREST NC 27615	
D	William Richard	52 MINIMICH ST PLAINVILLE MA 02762	

10. 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

Date

Daytime Phone #

POWERCOM, INC.

October 22, 2002

Department of State
Division of Corp.-Annual Report
P.O. Box 1500
Tallahassee, FL 32302-1500

Please let this letter serve as notification that Powercom, Inc. never received a renewal for the Corporate Annual Report. Please find enclosed the Corporate Reinstatement Form and a check for \$158.75.

If I can provide you with any additional information, please do not hesitate to contact me at (813) 962-0755.

Sincerely,



Jay A. Nizborski

JAN/rh
Enclosure