PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM!

APPLICATION FOR REINSTATEMENT

97198AR

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

FILED
AND
FILED

98 JAN -7 PM 2:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V70184

1. Corporation Name

POWERS SERVICE, INC.

Principal Place of Business	Mailing Address
4235 W. US Highway 90 Lake City,Fla.32055	Drawer 1119 Lake City,Fla.32056

700003854702--3
-01/08/98--01112--016
****315.00 ****315.00

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip | Country

3. New Mailing Office Address, If Applicable

Drawer 1119 Lake City,Fl32056

Suite, Apt. #, etc.

City & State
Lake City Fla.

Zip | Country
32056 | Columbia

4. Date Incorporated or Qualified to Do Business in Florida
10-12-92

5. FEI Number
59-3154941

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Dir P-T/	Ralph F Powers	4235 W. US Hwy 90	Lake City,Fla.32055
VP/ Dir	Ralph M Powers	4235 W. US Highway 90	Lake City,Fl 32055
SEC/ Dir	Helena S. Powers	4235 W. US.Highway 90	Lake City,Fl 32055

Reinstatement waived 97 A&R not received. SBM 1/7/98

SBM 1/7/98

8. Name and Address of Current Registered Agent

Ralph F. Powers
4235 W. US Highway 90
Lake City,Fl32055

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.

Signature of Registered Agent
Ralph F Powers REGISTERED AGENT MUST SIGN

Date

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(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: Ralph F Powers 1-7-98

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #