

L0000008612

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 OCT 24 PM 12:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L0000008612

1. Limited Liability Company's Name
ARC Power Systems, LLC

2. Principal Office Address 5735 N.E. 2 Avenue		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami, FL.		City & State	
Zip 33137	Country USA	Zip	Country

4. State/Country of Formation	
5. Date Organized or Qualified To Do Business in Florida	
6. FEI Number	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <small>See Instructions</small>	

8. Name and Address of Current Registered Agent

Name
Marcelo M. Agudo

Street Address (P.O. Box Number is Not Acceptable)
2333 Ponce de Leon Blvd.

Suite, Apt. #, Etc.
PH 1120

City
Coral Gables

State
FL

Zip Code
33134

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent _____ Date **10/22/03**

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Jose Rossi	5735 NE 2nd AVE.	Miami, FL 33137
MGRM	Reinaldo Ponce	5735 NE 2nd AVE.	Miami, FL 33137
MGR	Salvador Del Toro	5735 NE 2nd AVE.	Miami, FL 33137

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager: *Salvador Del Toro* Date: **10/24/03** Daytime Phone #: **305-751-4673**

Typed or printed name of signing Managing Member/Manager: **SALVADOR DEL TORO**

CR25041 (10/02)

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