

## 2005 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # M80582</b> 1. Entity Name <b>DATAPOWER, INC.</b>			
Principal Place of Business <b>3460 DEPEW AVE PORT CHARLOTTE, FL 33952 US</b>		Mailing Address <b>3460 DEPAN AVE. <del>103 BEENEY ROAD</del> PORT CHARLOTTE, FL 33952-9708</b>	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip                      Country		3. Mailing Address <b>3460 Depew Ave</b> Suite, Apt. #, etc. City & State Zip                      Country <b>33952                      USA</b>	
			
		REINSTATEMENT	
		CR2E098 (6/04) 04-05	
		4. FEI Number <b>33-0267365</b>	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>TAYLOR, MARVIN C. 193 BEENEY ROAD PORT CHARLOTTE, FL 33952</b>		7. Name and Address of New Registered Agent Name <b>MARVIN C TAYLOR</b> Street Address (P.O. Box Number is Not Acceptable) <b>3460 Depew Ave</b> City <b>Port Charlotte                      FL                      Zip Code 33952</b>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Marvin C Taylor</i></u> <u><i>Marvin C Taylor</i></u> <u><i>April 10, 2005</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.                      (NOTE: Registered Agent signature required when reinstating)                      DATE</small>			
FILE NOW!!! FEE IS \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST <input type="checkbox"/> Delete <b>TAYLOR, MARVIN C. 193 BEENEY ROAD PORT CHARLOTTE, FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>800052060268 04/26/05--01007--003    **300.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u><i>Marvin C Taylor</i></u> <u><i>Marvin C Taylor</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u><i>April 10, 2005</i></u> <u><i>941-627-2020</i></u> <small>Date                      Daytime Phone #</small>	