

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 MAR 17 PM 3:15

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000013828

1. Corporation Name
POWER PROTECTION PROFESSIONALS, INC.

2. Principal Office Address 11097 PENNEWAY TRAIL		3. Mailing Office Address 11097 PENNEWAY TRAIL	
Suite, Apt. #, etc. Trace		Suite, Apt. #, etc. Trace	
City & State Tallahassee, FL		City & State Tallahassee, FL	
Zip 32317	County USA	Zip 32317	County USA

REINSTATEMENT CR2E081 (12/05) 3-06

7. Name and Address of Current Registered Agent

Name
Charles R. Flynn

Street Address (P.O. Box Number is Not Acceptable)
11097 Penneway ~~Trail~~ **Trace**

Suite, Apt. #, Etc.

City
Tallahassee

State
FL

Zip Code
32317

4. Date Incorporated or Qualified To Do Business in Florida **2/7/02**

5. FEI Number
11-3676576

Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DENIED \$8.75 Additional Fee required for a Certificate of Status

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 _____ Date _____

REGISTERED AGENT MUST SIGN

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
P	Charles R. Flynn	11097 Penneway Trail	Tallahassee, FL 32317
V	Kay Flynn	11097 Penneway Trail	Tallahassee, FL 32317
		Trace	

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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 contained in Chapter 119, 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: Charles R. Flynn **CHARLES R. FLYNN** 03-06-06

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