LEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | | | | | | | | | | | |
|--|--|---------------------------------------|-------------|---|--------------------|--|--|----------------------------|---|----------------------------------|--|
| DOCUMENT # | | | | | | | 05 JUL 19 PM 1:25 | | | | |
| 1. Corporation Name P96000083992 | | | | | | | SEUNCIARY OF STAIL TALLAHASSEE, FLORIDA | | | | |
| ACCESS POWER, INC. | | | | | | | R | 7 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
| - | al Office Addr E. 3rd Pl. | ess | _ | 3. Mailing Office Address 430 S.E. 3rd Pl. | | | esetM | STATEN | ENT | 8-05 | |
| Suite, Apt. #, etc. Suite, Apt. #, | | | | etc. | | | 4. Date Incorporated or Qualified | | | | |
| City & State City & State | | | | | | | | iness in Florida 1 | 0/10/96 | | |
| Deerfield Beach, Florida Zip Country | | | Deerfield I | Beach, F | Florida Country | | | | | ot Applicable | |
| 33441 | | USA | 33441 | : | USA | | 6. CERTIFICATE | OF STATUS DESIRED | 2 \$8.75 Additional for a Certification | al Fee required ate of Status | |
| , | 7. Name and Address of Current Registered Agent | | | | | | | | | | |
| | Name Michael Sullivan | | | | | | | | | | |
| | Street Address (P.O. Box Number is Not Acceptable) 430 S.E. 3rd Pl. | | | | | | 00005798186U 07/27/05UU02U01 **450.00 | | | | |
| | Suite, Apt. #, Etc. | | | | | | | | | | |
| | City Deerfield Beach, Florida | | | | | | | State Zip Code FL 33441 | | | |
| 8. I, being appointed the registered agent of the above named conscration, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent Date 07/17/05 | | | | | | | | | SOLVO, FRANCAS | | |
| 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/C | Denise Sullivan | | | 9050 W. Warm Springs #1136 | | | 36 | Las Vegas, Nv. 89148 | | | |
| V/D | Joe Arcaro | | | 9050 W. Warm Springs #1136 | | | 36 | Las Vegas, Nv. 89148 | | | |
| S/D | Charles Langrill | | | 501 E. Lake Mead Pkwy. #1213 | | | 1213 | Henderson, Nv. 89015 | | | |
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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 filling 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: O7/17/05 (702)234-1630 | | | | | | | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # | | | | | | | | | | | |

Signce stated authority to Reinstate this corporation 7/19/05