


## 2006 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P03000126830</b> 1. Entity Name <b>COMPETITIVE ELECTRIC, INC.</b>	
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FILED

06 FEB 20 PM 3:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business <b>829 FLORAL ST TALLAHASSEE, FL 32310</b>	Mailing Address <b>829 FLORAL ST TALLAHASSEE, FL 32310</b>
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2. Principal Place of Business <b>829 Floral St</b> Suite, Apt. #, etc.	3. Mailing Address <b>829 Floral St</b> Suite, Apt. #, etc.
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02202006	REIN-P	CR2E098 (11/05)
4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	

City & State <b>Tallahassee FLA</b>	City & State	Zip <b>32310</b>	Country
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>AUSTIN, JOHN F JR 829 FLORAL ST TALLAHASSEE, FL 32310</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PT AUSTIN, JOHN F JR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AUSTIN, JOHN F JR	NAME	
STREET ADDRESS	829 FLORAL ST	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32310	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWNING, GAIL	NAME	
STREET ADDRESS	829 FLORAL ST	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32310	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

800066887438

03/01/06--01012--003 \*\*\$300.00

2/20/06

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: \_\_\_\_\_ 2/20/06

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