PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

- PERSE HEAD ALL INSTRUCTIONS BET ONE COM LETTING THIS FORM.							
<u>*</u>	PORATION STATEMENT	Secretar	RTMENT OF STA Smith ry of State CORPORATIONS		FILED 02 OCT 18 PM SECRETARY OF S		
DOCUMENT # F00000001746 1. Corporation Name Power House Equipment Systems, Inc.					SECRETARY OF S TALLAHASSEE, FI	MAIE ORMA	
					800008704388 10/30/0201095032 **8.75		
2. Principal Office Address 3. Mailing Off 3324 Suite, Apt. #, etc. 3. Mailing Off Suite, Apt. #, etc.			· thoys!		STATEME	XT	
City & State Fort Mill, Sc Fort		City & State Fort Mil		5. FEI Number 57 - 10		Applied For Not Applicable	
2971	15 USA	29715	us A	6. CERTIFICATE		5 Additional Fee required or a Certificate of Status	
Signature of	Name Corporation Service Company Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street Suite, Apt. #. Etc. City Tellahassee FL 32301 - 2525 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 Manual Culls Ash. VIII- Date 10/17/03						
REGISTERED AGENT MUST SIGN							
9. Names	and Street Addresses of Each Officer and. Name of Officers and/or Directors		Street Address of Officer and/or I	of Each	City / State / Zip		
Pres/	Roger Brawell		3326 Highway -51		Fort Mill, SC	29715	
CFO			3326 Highway 51		Fort Mill, SC	29715	
Sec.	Mick Edward Teresa Braswe	3326	3326 Highway 51		Fort Mill, SC	29715	
Asst Sec.	Mikhael Zeller		100 North Tryon, Suite 4700		Charlotte, NC	28202	
Asst Sec.	Tira Simmor	3326	3326 Highway 51		Fort Mill, SC	29715	
D.	Roger Brasus		6 Highway 51		Fort Mill; SC		
10. Ecertify 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/7/02 803-548-4348
Date Daytime Phone #