

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 JUN 25 AM 8:26

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F03000000921

1. Corporation Name

Shaw Power Technologies, Inc.

2. Principal Office Address

4171 Essen Lane

Suite, Apt. #, etc.

City & State

Baton Rouge LA

Zip

70809

Country

USA

3. Mailing Office Address

4171 Essen Lane

Suite, Apt. #, etc.

Legal Dept.

City & State

Baton Rouge, LA

Zip

70809

Country

USA

REINSTATEMENT 03-04

4. Date Incorporated or Qualified  
To Do Business in Florida

12/24/02

5. FEI Number

72-1496643

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CT Corporation System

100038291231

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

06/28/04--01004--014 \*\*300 00

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

REGISTERED AGENT MUST SIGN

Date

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
D	Michael P. Childers	4171 Essen Lane	Baton Rouge LA 70809
DP	William F. Quinn	4171 Essen Lane	Baton Rouge LA 70809
T	Dirk J. Wild	4171 Essen Lane	Baton Rouge LA 70809
VP	Michael Edmonds	4171 Essen Lane	Baton Rouge LA 70809
S	Cristopher S. Farrar	1430 Enclave Parkway	Houston TX 77077
AS	Elizabeth Sherman Cox	4171 Essen Lane	Baton Rouge LA 70809

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 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:

*Elizabeth Sherman Cox*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/08/04

Date

(225) 9322500

Daytime Phone #

CR2E081 (10/02)