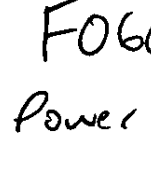


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
<p style="text-align: right;">FILED</p> <p style="text-align: right;">12 MAR 21 PM 12:54</p> <p style="text-align: right;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</p>			
DOCUMENT # F06000001496 1. Corporation Name Carbon Power USA Corp			
2. Principal Office Address - No P.O. Box # 552 NW 39th circle	3. Mailing Office Address 		
Suite, Apt. #, etc. 	Suite, Apt. #, etc. 		
City & State Boca Raton FL	City & State 		
Zip 33431	Country USA	Zip 	
7. Name and Address of Current Registered Agent Name JASON ELSNER Street Address (P.O. Box Number is Not Acceptable) 552 NW 39th circle Suite, Apt. #, Etc. City Boca Raton State FL Zip Code 33431			
4. Date Incorporated or Qualified To Do Business in Florida 03/08/2006 5. FEI Number 54 2011528 <input type="checkbox"/> Applied For / <input checked="" type="checkbox"/> Not Applicable 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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 2-21-12 <div style="text-align: center;">REGISTERED AGENT MUST SIGN</div>			
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/V/D	LUCA MINNA	552 NW 39th circle	Boca Raton FL 33431
	MAR 2 • 2012		
	T. SCOTT		
REINSTATEMENT 11-12			
10. E-mail Address: Joelner@oro-life.com <small>(To be used for future annual report notification)</small>			
11. 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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information furnished in an application to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.			
SIGNATURE: _____ DATE: 2-21-12 DAYTIME PHONE #: 561-374-156			