2005 FOR PROFIT CORPORATION REINSTATEMENT

KEINSI	AIEWENI		
DOCUMENT # K80038 1. Entity Name TRI-COUNTY POWER SYSTEMS, INC.			The state of the s
Principal Place of Business	Mailing Address		THE MIST REPORT OF NE
3520 66TH AVE N	3520 66TH AVE N		Denne de la desta de la constante de la consta
PINELLAS PARK, FL 33781 US	PINELLAS PARK, FL 3:	3781 US	
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2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		01212005 REIN-P CR2E098 (6/04)
City & State	City & State		4. FEI Number Applied For
			59-2941899 Not Applicable
Zip Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional
S. N	-47		Fee Required
6. Name and Address of Curre	nt Registered Agent	Name	7. Name and Address of New Registered Agent
FAHRENBRÜCK, JOSEPH RAYMONE).JR		
15902 REDINGTON DR	, • • • • • • • • • • • • • • • • • • •	Street Addr	ess (P.O. Box Number is Not Acceptable)
REDINGTON BEACH, FL 33708			
		City	FL Zip Code
The above named entity submits this statement	t for the purpose of changing its	s registered office or re	gistered agent, or both, in the State of Florida. I am familiar with, and accept
the obligations of registered agent.		_	
V Wesenbl	Tel anders	_	Jan 2705
SIGNATURE Signature, typed gyprinted name of registered and	ent and title if applicable. (NO	TE: Registered Agent signature	
6		· · · · · · · · · · · · · · · · · · ·	
FILE NOW!!! FEE IS \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AF	ND DIRECTORS	11,	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE PD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME FAHRENBRUCK, JOSEPH R.		NAME	
STREET ADDRESS 15902 REDINGTON DR		STREET ADDRESS	
CITY-ST-ZIP REDINGTON BEACH, FL 337	′08	CITY-ST-ZIP	
TITLE P	☐ Delete	TITLE	☐ Change ☐ Addition
NAME FAHRENBRUCK, JOSEPH R.		NAME	7S 8
STREET ADDRESS 15902 REDINGTON DR		STREET ADDRESS	PE 5
CITY-ST-ZIP REDINGTON BEACH, FL 337		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	Change Addition
NAME CTREET ADDRESS		NAME SYREET ADDRESS	SE ω Γ
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	※マー Ⅲ
NAME	Delete -	NAME	Change — [Additions
STREET ADDRESS		STREET ADDRESS	O'A ?
CITY-ST-ZIP		CITY-ST-ZIP	85 26 26 29
TITLE	Delete	TITLE	Change Addition
NAME	23 00.00	NAME	400046295524
STREET ADDRESS		STREET ADDRESS	02/10/0501011018 **300.00
CITY-ST-ZIP		CITY-ST-ZIP	0EX 107 03 STOTE 010 ****C001.00
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied indicated on this report or supplemental report of the corporation or the receiver or trustee et changed, or on an attachment with an address.	with this filing does not qualify for is true and accurate and that mpowered to execute this reports, with all other like ampowered	or the exemption stated my signature shall hav it as required by Chapt d.	in Section 119.07(3)(i), Florida Statutes. I further certify that the information e the same legal effect as if made under oath; that I am an officer or director er 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if
SIGNATURE: X SIGNATURE AND TYPED	OR PRINTED NAME OF SIGNING OFFICE	R OR DIRECTOR	- Jon 27, 05 727,526,5771