

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

08 AUG -5 AM 8:26

SECRETARY OF STATE
TALLAHASSEE FLORIDA



07302008 REIN-LLC CR2E101 (1/07)

DOCUMENT # L06000115599	
1. Entity Name HORSEPOWER WORX LLC	



Principal Place of Business 2639 W HWY 434 LONGWOOD, FL 32779	Mailing Address 2639 W HWY 434 LONGWOOD, FL 32779
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2. Principal Place of Business - No P.O. Box # 6980 S. Sylvan Lake Dr.	3. Mailing Address 2855 W. Hwy 434 Suite 1011
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City & State Sanford FL	City & State Longwood FL
Zip 32771	Zip 32779
Country US	Country US

6. Name and Address of Current Registered Agent SAVASTANO, NICHOLAS 6980 S SYLVAN LAKE DRIVE SANFORD, FL 32771	
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4. FEI Number 20-5989222	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code

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 <i>Nicholas Savastano</i>	DATE 7/31/08

FILE NOW!!! FEE IS \$377.50

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SAVASTANO, NICHOLAS 6980 S SYLVAN LAKE DRIVE SANFORD, FL 32771 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000133997200 08/05/08--01027--004 **377.50
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PORTER, TOM 6980 S SYLVAN LAKE DRIVE SANFORD, FL 32771 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition L. SELLERS
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition AUG - 6 2008
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition EXAMINED
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Nicholas Savastano* 7/31/08 407 252-0137
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #