


L09000006049

PLEASE READ THE INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L09000006049			
1. Limited Liability Company's Name POWER MANUFACTURING, LLC			
2. Principal Office Address - No P.O. Box # 16414 CHIPSTEAD		3. Mailing Office Address P.O. Box 11990	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State SPRING TEXAS		City & State SPRING TEXAS	
Zip 77379	Country USA	Zip 77391	Country USA
8. Name and Address of Current Registered Agent Name: RANDOLPH SMITH Street Address (P.O. Box Number is Not Acceptable): 16456 REDINGTON DRIVE Suite, Apt. #, Etc.		4. State/Country of Formation Florida USA	
City REDINGTON BEACH		5. Date Organized or Qualified To Do Business in Florida 1-20-09	
State FL		6. FEI Number 26-4128155	
Zip Code 33708		Applied For <input type="checkbox"/> Not Applicable	
		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.		E-mail Address: performanceline@yahoo.com	
Signature of Registered Agent [Signature]		(To be used for future annual report notices)	
REGISTERED AGENT MUST SIGN		Date 8-22-11	
10. Names and Street Addresses of Managing Members/Managers			
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	RANDOLPH H. SMITH	16414 Chipstead	Spring, TX 77379
REINSTATEMENT 2010-2011			
11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.			
Signature of Managing Member/Manager [Signature]		Date 8-22-11 Daytime Phone # 713-464-3100	
Typed or printed name of signing Managing Member/Manager			