

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L10000119989

1. Limited Liability Company's Name

POWER GREEN ENERGY LLC

800214272188
11/14/11--01069--002 **243.75
CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #
1750 N POWERLINE RD

Suite, Apt. #, etc.

City & State

POMPAÑO BEACH, FLORIDA

Zip
33069

Country
USA

3. Mailing Office Address

1750 N POWERLINE RD

Suite, Apt. #, etc.

City & State

POMPAÑO BEACH, FLORIDA

Zip
33069

Country
USA

4. State/Country of Formation
FLORIDA, USA

5. Date Organized or Qualified
To Do Business in Florida

MARCH 28, 2011

6. FEI Number

45-2317261

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
AMIE SILVERMAN

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

1750 N POWERLINE ROAD

Suite, Apt. #, Etc.

City
POMPAÑO BEACH

State
FL

Zip Code
33069

E-mail Address:

CAMI1416@AOL.COM

(To be used for future annual report notices)

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.

Signature of
Registered Agent

Date **11/08/2011**

REGISTERED AGENT MUST SIGN

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
MGM	AMIE SILVERMAN	1750 N POWERLINE RD	POMPAÑO BEACH, FL 33069
MGM	MICHAEL CAMMARATA	1750 N POWERLINE RD	POMPAÑO BEACH, FL 33069
MGM	KYMIE EDWARDS	1750 N POWERLINE RD	POMPAÑO BEACH, FL 33069

REINSTATEMENT 11/8/11

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

Date **11/08/2011**

Daytime Phone # **954-605-8358**

Typed or printed name of signing Managing Member/Manager **AMIE SILVERMAN**