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 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
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FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

APPLICATION FOR  
 REINSTATEMENT FOR  
 LIMITED LIABILITY COMPANY

~~UNIFORM BUS. PPT. 2000~~

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company **DOCUMENT # L99000003814**

ADVANCED POWER CONTROLS, LLC.  
 P. O. Box 540488  
 MERRITT ISLAND FL 32954-0488

1a. Principal Place of Business Address  
 ADVANCED POWER CONTROLS, LLC.  
 255 MANOR DRIVE, UNIT #3  
 MERRITT ISLAND, FL 32952

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business 255 MANOR DRIVE Suite, Apt. #, etc. UNIT #3 City & State MERRITT ISLAND Zip 32952 Country USA	2a. Mailing Address P.O. Box 540488 Suite, Apt. #, etc. City & State MERRITT ISLAND Zip 32954 Country USA
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3. Date Organized or Qualified 7/1/99 6/22/99	3a. State of Formation FL
4. FEI Number 59-3582867	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report N/A	6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent  
 KEVIN CAMPBELL  
 1100 REDWOOD ROAD  
 MERRITT ISLAND FL 32952

8. Name and Address of New Registered Agent  
 Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 Suite, Apt. #, etc. \_\_\_\_\_  
 City \_\_\_\_\_ Zip Code \_\_\_\_\_  
 FL

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 \_\_\_\_\_  
 REGISTERED AGENT MUST SIGN

10. Title	Managing Members/Managers	Business Street Address	City, State & Zip Code
<del>MEM</del> MEM	KEVIN CAMPBELL	255 MANOR DRIVE # 3	MERRITT ISLAND FL 32952
<del>MEM</del> MEM	GRETCHEN CAMPBELL	"	" FF \$50.00

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 \*\*\*\*800.00 \*\*\*\*50.00

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.

Signature of Managing Member/Manager *[Signature]* Date 3/1 Jan 00 Daytime Phone 452-4104  
 Typed or printed name of signing Managing Member/Manager \_\_\_\_\_