

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

04 JUN 11 AM 8:29

DOCUMENT # L99000003814

1. Limited Liability Company's Name

ADVANCED POWER CONTROLS, LLC

2. Principal Office Address

3505 N BOBROWAY AVEY POB 54048

Suite, Apt. #, etc.

UNIT 3

3. Mailing Office Address

3505 N BOBROWAY AVEY POB 54048

Suite, Apt. #, etc.

City & State

MERRITT ISLAND FL MERRITT ISLAND FL

Zip 32953

Country

Zip 32954

Country

4. State/Country of Formation

FL

5. Date Organized or Qualified To Do Business in Florida

06/22/1999

6. FEI Number

59-3582867

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

8. Name and Address of Current Registered Agent

Name

KEVIN CAMPBELL

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

1100 REDWOOD RD

Suite, Apt. #, Etc.

City

MERRITT ISLAND

State

FL

Zip Code

32952

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

02 May 04

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
MANAGER	KEVIN CAMPBELL	1100 REDWOOD RD	MERRITT ISLAND FL 32952
			800035556228
			05/06/04 01020 022
			\$ 250.00
			REINSTATEMENT 2002-2004
			ult 6/11

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 disqualification has been eliminated, the limited liability company name satisfies the requirements of section 608.408, 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

02 May 04

Daytime Phone #

321 452 9404

Typed or printed name of Managing Member/Manager

KEVIN CAMPBELL

850 410 1015 EBENEA TADDOCK