

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 JAN 14 AM 10:49

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJM

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M02000000910

1. Limited Liability Company's Name

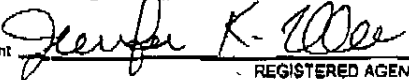
Liberty Power Corp, L.L.C.

2. Principal Office Address 800 W. Cypress Creek Rd		3. Mailing Office Address 800 W. Cypress Creek Rd.	
Suite, Apt. #, etc. Suite 330		Suite, Apt. #, etc. Suite 330	
City & State Fort Lauderdale - Florida		City & State Fort Lauderdale - Florida	
Zip 33309	Country USA	Zip 33309	Country USA

4. State/Country of Formation Delaware	
5. Date Organized or Qualified To Do Business in Florida April 8, 2002	
6. FEI Number 81-0545785	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 C T Corporation System	900026901223
Street Address (P.O. Box Number is Not Acceptable) South Pine Island Road	01/14/04--01012--016 **200.00
Suite, Apt. #, Etc. 1200	900026901223
City Plantation	01/14/04--01012--017 **5.00
State FL	Zip Code 33324

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

Jennifer K. Miller

Assistant Secretary

Date 1-9-2004

REGISTERED AGENT MUST SIGN

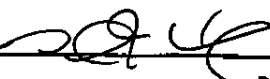
10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	David Hernandez	800 W. Cypress Creek Rd. Suite 330	Fort Lauderdale FL 33309
MGR	Roshena Ham	800 W. Cypress Creek Rd. Suite 330	Fort Lauderdale FL 33309
MGR	Alberto Daire	800 W. Cypress Creek Rd. Suite 330	Fort Lauderdale FL 33309
MGR	Eliezer Hernandez	800 W. Cypress Creek Rd. Suite 330	Fort Lauderdale FL 33309
REINSTATEMENT 2003-2004			

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



Date 01/09/04

Daytime Phone # (954) 771-1463

Typed or printed name of signing Managing Member/Manager

David Hernandez