

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

11 MAR 24 PM 12:40

DOCUMENT # M09000005049

1. Limited Liability Company's Name

Power-Flo Control LLC

800197154268
03/08/11--01041--004 **238.75

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box # 270 Park Avenue		3. Mailing Office Address 270 Park Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Garden City Park, NY		City & State Garden City Park, NY	
Zip 11040	Country US	Zip 11040	Country US

4. State/Country of Formation New York	
5. Date Organized or Qualified To Do Business in Florida 12/24/09	
6. FEI Number 270846626	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name Gerald Dicunzolo			
Street Address (P.O. Box Number is Not Acceptable) 200 Ocean Trail Way			
Suite, Apt. #, Etc. Unit 1207			
City Jupiter	State FL	Zip Code 33477	

E-mail Address: 800197154268 03/24/11--01003--018 **138.75 george.katramados@uep.net (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

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
MGRM	Gerald Dicunzolo	270 Park Avenue	Garden City Park, NY

REINSTATEMENT 10, 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

2-25-11

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

N. Culligan MAR 24 2011