2005 FOR PROFIT CORPORATION REINSTATEMENT

	I/LII43 I A	'S PIAIPIA I			n				
DOCUI	MENT # M80582								
1. Entity Name	9					-			
DATAPO\	WER, INC.					05.62R	13 ///	9: 27	
Principal Place	e of Business	Mailing Address		1		illeri Falleti		71A13 1110A	
3460 DEPEW		3460 DEPAN AVE.				TALL ALL	! ' • ' •	(\4075	•
PORT CHARL	OTTE, FL 33952 US	-193 BEENEY ROAD PORT CHARLOTTE, FL 33952-9708							
		TOKT CHAREOTTE, TE 33332-3700							
2. Principal Pl	ace of Business	3. Mailing Address							
Suite, Apt.	# etc	3460 De Pe a UP C Suite, Apt. #, etc.			ISTAI	EMEN	4		1100
buile, Apt.	π, σι σ.	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4			94042005	a seathlathan	CR2E09	8 (6/04)	04-0-
City & State		City & State			4. FEI Number Applied For 33-0267365 Not Applicable				
Zip Country		Pont Charlo		entry	i		•	Noi B.75 Addi	t Applicable
Zip Country				SA.	5. Certificate	of Status Desired		e Required	
<u> </u>	6. Name and Address of Current F				7. Name and Address of New Registered Agent				
· TAYLOR, N	AADVIN C			Name MA	RVIN	C TAY	LOR		
193 BEEN				Street Address (P.O. Box Numb	er is Not Acceptab	le)		
PORT CHA	ARLOTTE, FL 33952			3460	DePen	uve.			
								Zin Code	
				City Port	Charlot	te	FL	Zip Code 3393	52
	named entity submits this statement for	the purpose of changing its	register	ed office or register	red agent, or bo	th, in the State of F	lorida. I am far	niliar with, a	and accept
the obligations of registered agent. SIGNATURE Marvin C Taylor Warvin C Taylor Warvin C Taylor									
SIGNATURE_	Signature, typed or printed name of registered agent	nd title if applicable. (NOTI	E: Register	n C (A) i ed Agent signature requi	<i>l Of</i> Ired when reinstating)	DATE DATE	7003	
	¥								
FIL	E NOW!!! FEE IS \$300.00					In accordance corporation did			
						·			
10.	OFFICERS AND I		11. TITL	. 1	ADDITIONS	CHANGES TO OF		Change	Addition
TITLE NAME	PST Delete TAYLOR, MARVIN C.		NAM	1					
STREET ADDRESS	193 BEENEY ROAD		STRE	EET ADDRESS	800052060268 04/26/0501007003 **300.00				
CITY-ST-ZIP	PORT CHARLOTTE, FL			-ST-ZIP					
TITLE NAME STREET ADDRESS		☐ Delete		E IE			i	Change	☐ Addition
				EET ADDRESS					
CITY-ST-ZIP			CITY	'-ST-ZIP					
TITLE				E			[Change	☐ Addition
NAME STREET ADDRESS		N/		EET ADDRESS					Ī
CITY-ST-ZIP				-ST-ZIP					
TITLE		☐ Delete	TITL	Ę			[Change	Addition
NAME			NAM						}
STREET ADDRESS CITY-ST-ZIP			1	EET ADDRESS '-ST-ZIP					
TITLE		☐ Delete	TITU					Change	Addition
NAME			NAM	IE .					
STREET ADDRESS				EET ADDRESS					
CITY-ST-ZIP		———	_	'-ST-ZIP			-	Change	☐ Addition
TITLE NAME		☐ Delete	TITL				ı	Creange	L. Addition
STREET ADDRESS				EET ADDRESS					
CITY-ST-ZIP			1	-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if									
of the cor	poration or the receiver or trustee empo or on an attachment with an address, v	wered to execute this report	as requ	ired by Chapter 60	i≠, Florida Statut	es; and that my har	ne appears in	SIOCK 10 or	BIOCK 11 IT
SIGNATURE: Marin C. Loud Marvin CTaylon april 10, 2005 941-627-2070 SIGNATURE AND TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Date Date Date Date Date									
SIGNAT	SIGNATURE AND TYPED OR P	RINTED NAME OF SIGNING OFFICER	OR DIREC	TOR TOR	4	Date Date	Day	time Phone #	, 2010
									$-\!$