APPROVED AND FILED
H05000254633 3

1/2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

05 NOV -1 PM 3:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000075204

1. Corporation Name
POWER PLUS TECH, INC.

REINSTATEMENT 02-05

2. Principal Office Address	3. Mailing Office Address
9240 BONITA BEACH ROAD	9240 BONITA BEACH ROAD
Suite, Apt. #, etc. SUITE 3317	Suite, Apt. #, etc. SUITE 3317
City & State BONITA SPRINGS, FL	City & State BONITA SPRINGS, FL
Zip / Country 34135 / UNITED STATES	Zip / Country 34135 / UNITED STATES

4. Date Incorporated or Qualified To Do Business in Florida: JULY 31, 2001

5. FEI Number: ☐ Applied For ☑ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: MIN PETIT

Street Address (P.O. Box Number is Not Acceptable): 1634 S-E 47TH STREET

Suite, Apt. #, Etc.: SUITE 2

City: CAPE CORAL | State: FL | Zip Code: 33904

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Min Petit — REGISTERED AGENT MUST SIGN — Date: 11/1/05

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRESIDENT	MIN PETIT	1634 S-E 47TH STREET, SUITE 2	CAPE CORAL, FL 33904

10. I certify that I am an officer or director of the reorganized corporation as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name complies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of registered officers on this form do not qualify for an exception under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Justin T. Reed
BlumbergExcelsior Corporate Services, Inc.
62 W[illegible]
New York, NY 10013

SIGNATURE: Min Petit — SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER/DIRECTOR — Date: 11/1/05 — Daytime Phone #: 239-549-7688

H05000254633 3

BlumbergExcelsior

K. Ecked NOV - 1 2005

Florida Department of State

Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H05000254633 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (212)431-5000
Fax Number : (212)431-1441

CORPORATION REINSTATEMENT

POWER PLUS TECH, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$1,200.00

Electronic Filing Menu Corporate Filing Public Access Help