

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000020241

FILED
Oct 26, 2005
Secretary of State

Entity Name: POWER PRO-TECH SERVICES, INC.

Current Principal Place of Business:

1058 WILLA LAKE CIRCLE
OVIEDO, FL 32765

New Principal Place of Business:

240 CIRCLE DRIVE
MAITLAND, FL 32751

Current Mailing Address:

1058 WILLA LAKE CIRCLE
OVIEDO, FL 32765

New Mailing Address:

240 CIRCLE DRIVE
MAITLAND, FL 32751

FEI Number: 01-0590478

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BYRNE, ROBERT J
1058 WILLA LAKE CIRCLE
OVIEDO, FL 32765 US

Name and Address of New Registered Agent:

BYRNE, ROBERT J
240 CIRCLE DRIVE
MAITLAND, FL 32751 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ROBERT J. BYRNE

10/26/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: BYRNE, ROBERT J
Address: 1058 WILLA LAKE CIRCLE
City-St-Zip: OVIEDO, FL 32765

Title: PSD () Delete
Name: BYRNE, ROBERT J
Address: 1058 WILLA LAKE CIRCLE
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: BYRNE, ROBERT J
Address: 240 CIRCLE DRIVE
City-St-Zip: MAITLAND, FL 32751

Title: PSD (X) Change () Addition
Name: BYRNE, ROBERT J
Address: 240 CIRCLE DRIVE
City-St-Zip: MAITLAND, FL 32751

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT J. BYRNE

PSD

10/26/2005

Electronic Signature of Signing Officer or Director

Date