

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED  
AND  
FILED

06 NOV -6 PM 2:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1682

|  |   |  |  |  |  |
|--|---|--|--|--|--|
| DOCUMENT # P03000005571  |   |  |  |         |  |
| 1. Entity Name<br>POTENGY IMPORT & EXPORT, INC.  |   |  |  |  |  |
| Principal Place of Business<br>17027 W DIXIE HWY, STE 117<br>AVENTURA, FL 33160  |   |  | Mailing Address<br>17027 W DIXIE HWY, STE 117<br>AVENTURA, FL 33160  |  |  |
| 2. Principal Place of Business<br>3200 NW 5 TERRACE<br>Suite, Apt. #, etc.   |   |  | 3. Mailing Address<br>3200 NW 5 TERRACE<br>Suite, Apt. #, etc.   |  |  |
| City & State<br>POMPANO BEACH, FL  |   | City & State<br>POMPANO BEACH, FL              |  | 4. FEI Number<br>68-0536834  |  |
| Zip<br>33064   |   | Country<br>FLORIDA                             |  | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |  |
| 6. Name and Address of Current Registered Agent<br>GOMES, NASILDA R<br>17027 W DIXIE HWY, STE 117<br>AVENTURA, FL 33160  |   |  | 7. Name and Address of New Registered Agent<br>Name<br>ARAUJO, NASILDA R. GOMES<br>Street Address (P.O. Box Number is Not Acceptable)<br>3200 NW 5 TERRACE<br>City<br>Pompano Beach FL Zip Code<br>33064 |  |  |
| 8. 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. I am familiar with, and accept the obligations of registered agent.<br>SIGNATURE: <u>Nasilda Araujo</u><br>(NOTE: Registered Agent signature required when reinstating) DATE   |   |  |  |  |  |
| FILE NOW!!! FEE IS \$750.00<br>After January 1, 2007, Fee will be \$900.00   |   |  |  |  |  |
| 10. OFFICERS AND DIRECTORS   |   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DPS<br>GOMES, NASILDA R<br>2894 CARANBOLA CIR S<br>COCONUT CREEK, FL 33066 <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D.P.S.<br>ARAUJO, NASILDA R. GOMES <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>3200 NW 5 TERRACE<br>Pompano Beach, FL 33064   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DVT<br>ARAUJO, FRANCISCO A <input type="checkbox"/> Delete<br>2894 CARANBOLA CIR S<br>COCONUT CREEK, FL 33066 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DVT<br>ARAUJO, FRANCISCO A <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>3200 NW 5 TERRACE<br>Pompano Beach, FL 33064   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>ARAUJO, DIOGO B <input type="checkbox"/> Delete<br>2894 CARANBOLA CIR S<br>COCONUT CREEK, FL 33066       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D.<br>ARAUJO, DIOGO B <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>3200 NW 5 TERRACE<br>Pompano Beach, FL 33064  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | 500081770035<br>11/14/06--01063--021 **300.00  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | REINSTATEMENT <u>06/25/06</u> <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 changed, or on an attachment with an address, with all other duly empowered. |   |  |  |  |  |
| SIGNATURE: <u>Nasilda Araujo</u><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  |   |  |  |  |  |

POTENCY IMPORT & EXPORT, INC.

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TO: DIVISION OF CORPORATION  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

AS PER OUR PHONE CONVERSATION I AM SENDING TO YOU THIS LETTER OF EXPLANATION AND THE UBR FORM ALONG WITH A CHECK TO PROPERLY UPDATE CORPORATION I FURTHER STATE THAT I DID NOT RECEIVE THE NOTICE FOR 2006 UBR FIRST NOR SECOND NOTICE. I WOULD LIKE TO RESOLVE THIS ISSUE, PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

PLEASE MAKE NOT OF OUR NEW ADDRESS.

CORDIALLY,

  
NASILDA R. GOMES ARAUJO  
DPS