


## 2007 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P04000068612</b> 1. Entity Name D & C POWER, INC.	
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FILED

07 DEC 28 PM 4: 28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05/16/07 90019 035 \$150.00



Principal Place of Business <del>2652 SE PIGGYBACK ROAD ARCADIA, FL 34266</del>	Mailing Address <del>2652 SE PIGGYBACK ROAD ARCADIA, FL 34266</del>
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2. Principal Place of Business - No P.O. Box # 8685 State Road 64W	3. Mailing Address 8685 State Road 64W
Suite, Apt. #, etc.	Suite, Apt. #, etc.

12212007 REIN-P CR2E098 (1/07)

City & State Ona, Florida	City & State Ona, Florida
Zip 33865	Zip 33865
Country USA	Country USA

4. FEI Number 20-1036099	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  WILLIS, DEIRDRE <del>2652 SE PIGGYBACK ROAD ARCADIA, FL 34266</del>
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7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) 8685 State Road 64W City Ona FL Zip Code 33865
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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.

SIGNATURE: Deirdre Willis DATE: 12/21/07

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2008, Fee will be \$300.00</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE	PD WILLIS, DEIRDRE <input type="checkbox"/> Delete
NAME	WILLIS, DEIRDRE
STREET ADDRESS	<del>2652 SE PIGGYBACK ROAD</del>
CITY-ST-ZIP	<del>ARCADIA, FL 34266</del>
TITLE	SVD <input type="checkbox"/> Delete
NAME	WILLIS, CAREY D
STREET ADDRESS	<del>2652 SE PIGGYBACK ROAD</del>
CITY-ST-ZIP	<del>ARCADIA, FL 34266</del>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	8685 State Road 64 West
CITY-ST-ZIP	Ona, Florida 33865
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	8685 State Road 64 West
CITY-ST-ZIP	Ona, Florida 33865
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 like empowered.

SIGNATURE: Deirdre Willis DATE: 12/21/07 (863) 990-11636

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #

12/31