| | PLEASE READ / | ALL INSTRUC | HON2 BELOKE | : COMPLETI | ING THIS FORM. | O | |
|---|--|--|--|---|---|-----------------------------|--|
| CORPORAT REINSTATEM | (2.8 E 4 E 1.4 E 4.6 E | Secreta | RTMENT OF STAT ary of State corporations | E | FILED 07 JEH29 AH 7:5 | 53 | |
| DOCUMENT # P0400094468 1. Corporation Name | | | | | LLAHASSEE, FLORIDA | | |
| Power | r Sports | Factor | y Inc. | W. W. S. C. | Tatement | 05-07 | |
| 2. Principal Office Add | | 3. Mailing Office Address 6950 Central Hwy | | 7 | CR2E081 (1/07) | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | A Data lugar | | | |
| City & State | | City & State | | To Do Busi | Date Incorporated or Qualified To Do Business in Florida | | |
| Lutz, FL Zip Country | | Pennsauken N.J. | | 5. FEI Numbe | :f | Applied For Not Applicable | |
| 33548 | U.S. | 08109 | U.S. | 6. CERTIFICATE | CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee requirements for a Certificate of State | | |
| 7. Name and Address of Current Registered Agent | | | | | | | |
| Steve Ruba | | | | circum: | The reinstatement fee is imposed, except in circumstances which the entity did not receive | | |
| Street Address (P.S. Box Number is Not Acceptable) | | | | the pri | the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived. | | |
| Suite, Apt. #, Etc. | | | | receive | | | |
| City Lutz | | FL 33548 | 100 20 | ice be waived. | | | |
| 8. I, being appointed the Signature of Registered Agent | Stal Mille | The named corporation, and the second | ne obligations of 4cc) | pbligations ැதோற்றிந்தின் நடிக்கு நடிக்கு இ 02/02/0701009019 **450,00 Date | | | |
| 9. Names and Street | Addresses of Each Officer and | d/or Director (Florida nonc | profit corporations must list | at least 3 directors) | | | |
| Titles Name of Street Address of Ea Officers and/or Directors Officer and/or Directors | | | | | | | |
| President Steve Rubakh | | 176 | 17630 US Hwy. | | Lutz. FL 33548 | | |
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| 40 1 and 6, that I am a | | | | | 222 222 504 4 | | |
| this reinstatement a owed by the corpor | application, the reason for diss | solution has been eliminate names of individuals fisted | ed, the corporate name sati d on this form do not qualify | isfies the requirements for an exemption con | apter 607 or 617, F.S. I further cer s of section 607.0401 or 617.0401 Italined in Chapter 119, F.S. The in | I, F.S., that all fees | |

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

856-488-9333 Daytime Phone #

01/26/07

Date

Power Sports Factory 17630 US Hwy. Lutz, FL 33548

To whom it may concern

As per your request, Enclosed is a check for \$450.00. The check is for the years 2005, 2006, and 2007. We never received a letter to file and we would like the \$600.00 Penalty to be waived, due to not receiving that letter.

Thank You, Steve Rubakh President