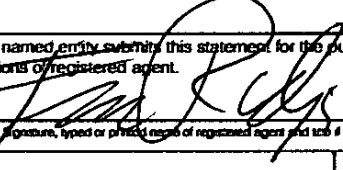


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000099380 1. Entity Name POWER REAL ESTATE GROUP INC						FILED 05 OCT 13 AM 11:54 TALLAHASSEE, FLORIDA T. Roberts OCT 13 2005	
Principal Place of Business 3473 SW 8TH ST MIAMI, FL 33135 US				Mailing Address 3473 SW 8TH ST MIAMI, FL 33135 US			
2. Principal Place of Business 6595 NW 36 ST		3. Mailing Address 6595 NW 36 ST		 10122005 REIN-P CR2E098 (6/04)			
Suite, Apt. #, etc. SUITE 320-C		Suite, Apt. #, etc. SUITE 320-C					
City & State MIAMI		City & State MIAMI					
Zip 33166		Zip 33166					
Country USA		Country USA		4. FEI Number ☐ Applied For Not Applicable			
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent RODRIGUEZ, FRANK 3473 SW 8TH ST MIAMI, FL 33135			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code							
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  DATE							
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP PTS RODRIGUEZ, FRANK 3473 SW 8TH ST MIAMI, FL, US 33126 ☒ Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP P/T CARLOS HERNANDEZ 6595 NW 36 ST SUITE 320-C MIAMI, FL 33166 ☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP S RAFAEL J PEREZ 6595 NW 36 ST SUITE 320-C MIAMI, FL 33166 ☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP D FRANK RODRIGUEZ 6595 NW 36 ST SUITE 320-C MIAMI, FL 33166 ☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 fee empowered.							
SIGNATURE:  10/12/2005 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #							