2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000099380

1. Entity Name
POWER REAL ESTATE GROUP INC

FILED
05 OCT 13 AM 11:54
REINSTATEMENT
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
T. Roberts OCT 13 2005

10122005 REIN-P CR2E098 (6/04)

Principal Place of Business	Mailing Address
3473 SW 8TH ST MIAMI, FL 33135 US	3473 SW 8TH ST MIAMI, FL 33135 US

2. Principal Place of Business	3. Mailing Address
6595 NW 36 ST	6595 NW 36 ST
Suite, Apt. #, etc. SUITE 320-C	Suite, Apt. #, etc. SUITE 320-C
City & State MIAMI	City & State MIAMI
Zip 33166 Country USA	Zip 33166 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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 P/T NAME CARLOS HERNANDEZ STREET ADDRESS 6595 NW 36 ST SUITE 320-C CITY-ST-ZIP MIAMI, FL 33166	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE S NAME RAFAEL J PEREZ STREET ADDRESS 6595 NW 36 ST SUITE 320-C CITY-ST-ZIP MIAMI, FL 33166	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE D NAME FRANK RODRIGUEZ STREET ADDRESS 6595 NW 36 ST SUITE 320-C CITY-ST-ZIP 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

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10/18/05--01051--016 **150.00

12. I hereby certify that the information supplied with this filing does not qualify 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 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: _____ 10/12/2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #