2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000006564

MEDINA, SILVIO

1363 NE 182 ST N

MIAMI BEACH, FL 33162

Name:

Address:

City-St-Zip:

Entity Name: CLEAR CHOICE ELECTRIC, INC.

FILED Sep 20, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 12719 S.W. 63 CIR, TERR MIAMI, FL 33183 **Current Mailing Address: New Mailing Address:** 12719 S.W. 63 CIR, TERR MIAMI, FL 33183 FEI Number: 20-2157848 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CASIN, RAUL L JR 12719 S.W. 63 CIR, TERR MIAMI, FL 33183 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. SIGNATURE: RAUL CASIN JR Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition CASIN, RAUL JR Name: Name: 12719 S.W. 63 CIR, TERR Address: Address: City-St-Zip: MIAMI, FL 33183 US City-St-Zip: Title: VΡ (X) Delete Title: () Change () Addition Name: CASIN, MARTHA Name: 12719 S.W 63 CIR, TERR Address: Address: MIAMI, FL 33183 US City-St-Zip: City-St-Zip: Title: Title: TSD (X) Delete () Change () Addition CASIN, RAUL SR Name: Name: 2915 S.W. 106 AVE Address: Address: City-St-Zip: MIAMI, FL 33165 US City-St-Zip: Title: VΡ (X) Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: RAUL CASIN JR **PRES** 09/20/2007