2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000037553

FILED Jan 19, 2009 Secretary of State

Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE, STE. 4 WESTON, FL 33331 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or in the State of Florida. SIGNATURE: WILLIAM A SCHOFIELD 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 ().	Entity Nar	me: CIRCUIT	BREAKER SALES & SERVIC	E INC.		
Current Mailing Address: 5385 GATEWAY BLVD., STE. 19-21 LAKELAND, FL 33811 FEI Number: 14-1924871 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (Name and Address of Current Registered Agent: NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE, STE. 4 WESTON, FL 33331 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or lin the State of Florida. SIGNATURE: WILLIAM A SCHOFIELD Electronic Signature of Registered Agent 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: D () Delete Name: SCHOFIELD, WILLIAM Name: Address: City-St-Zip: GAINESVILLE, TX 76240 City-St-Zip: Title: D () Delete Title: () Change () Addition Name: Address: City-St-Zip: GAINESVILLE, TX 76240 City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip: GAINESVILLE, TX 76240 City-St-Zip: Title: () Change () Addition Name: Address: 1315 COLUMBINE DR. Address: 1316 COLUMBINE DR. Address: 1316 COLUMBINE DR. Address: 1316 COLUMBINE DR. Address: 1316 COLUMBINE DR. Address:	Current Principal Place of Business:			New Principal Place of Business:		
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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.

SIGNATURE: WILLIAM A. SCHOFIELD **PRES** 01/19/2009