

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY'S  
DIVISION OF CORPORATIONS

06 OCT 31 AM 9:45

DOCUMENT # P05000152820

1. Corporation Name

SUNBELT Power Systems Inc.

2. Principal Office Address

3127 SW 65 AVE

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

MIAMI, Florida

City & State

Zip

Country

33155

USA

Zip

Country

REINSTATEMENT 06

CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

11/01/2005

5. FEI Number

20-3810631

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

ALBERT G. GARCIA

Street Address (P.O. Box Number is Not Acceptable)

3127 SW 65 AVE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33126

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*Albert Garcia*

Date

10/25/06

REGISTERED AGENT MUST SIGN

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	ALBERT G. GARCIA	3127 SW 65 AVE	MIAMI, FL. 33155

800081351648

10/31/06--01013--003 \*\*158.75

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*Albert Garcia*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

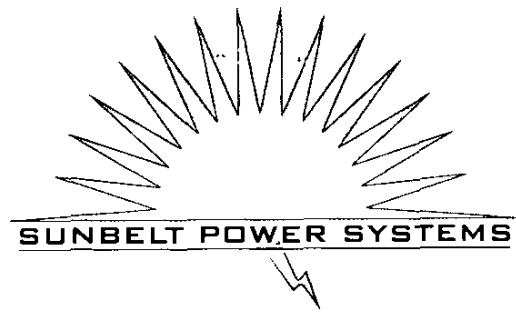
10/25/06

Date

305-710-4617

Daytime Phone #

2 of 2



October 26, 2006

Florida Department Of State  
Division Of Corporations  
PO Box 6327  
Tallahassee, Fl 32314

RE: Corporation Reinstatement

To whom it may concern. Please be advised that I, Albert Garcia, President of Sunbelt Power Systems, Inc. did not receive the original notifications for renewal in the mail. As per the instruction on your automated phone systems, attached please find my company check in the amount of \$158.25. I am requesting a Certificate of Status and have included the funds for that.

Please let this letter serve as my written notification of such for your records, for the purpose of your consideration in the waiving of the \$600.00 fee.

Respectfully

A handwritten signature in cursive script, appearing to read "Albert Garcia".

Albert Garcia/President  
Sunbelt Power Systems Inc.