2008 FOR PROFIT CORPORATION REINSTATEMENT

SIGNATURE AND TYPED OR PRINTED NA

NING OFFICER OR DIF

Daytime Phone #

FILED DOCUMENT # P06000013512 1. Entity Name AIR, LAND, AND SEA POWER GENERATION ENTERPRISES, INC. 2008 JUN 13 PM 4:50 Principal Place of Business Mailing Address SECRETARY OF STATE 2101 NW 141ST STREET BAY 14 2101 NW 141ST STREET BAY 14 TALLAHASSEE, FLORIDA MIAMI, FL 33054 MIAMI, FL 33054 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 06022008 CR2E098 (1/07) RFIN-P Applied For City & State City & State 4 EEL Number Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. Street Address (P.O. Box Number is Not Acceptable) 4TH FLOOR MIAMI, FL 33145 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 obligation of registered agent. NATALIA UNOCA 06/13/08 SIGNATURE In accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEE IS \$300.00 corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD TITLE ☐ Delete ☐ Addition TITLE ☐ Change ESPY, JACE S NAME NAME 2101 NW 141ST STREET BAY 14 STREET ADDRESS STREET ADDRESS 300131630163 CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33054 **300. ☐ Change TITLE VD XX Defete TITLE Addition NAME YALAMANCHI, BALAJAI NAME STREET ADDRESS 2101 NW 141ST STREET BAY 14 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33054 CITY-ST-ZIP TITLE XX Delete TITLE ☐ Change ___ Addition MCCLENDON, THERESA A NAME NAME STREET ADDRESS 2101 NW 141ST STREET BAY 14 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33054 CITY-ST-ZIP EINSTATEMENT TITLE XX Delete TITLE YALAMANCHI, KIRANMAYI NAME NAME STREET ADDRESS 2101 NW 141ST STREET BAY 14 STREET ADDRESS MIAMI, FL 33054 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TIFLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Chang Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CHY-ST-7tP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 eport 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. Tace 5- E-59 SIGNATURE: