2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
May 12, 2008
Secretary of State

DOCUMENT# P06000062005

Entity Name: LIGHTNING POWER INC.

Current Principal Place of Business:

1154 NW 100TH AVE
PEMBROKE PINES, FL 33024 US

New Principal Place of Business:

12480 COUNTRYSIDE TERR.
COOPER CITY, FL 33330 US

Current Mailing Address:

1154 NW 100TH AVE
PEMBROKE PINES, FL 33024 US

New Mailing Address:

12480 COUNTRYSIDE TERR.
COOPER CITY, FL 33330 US

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHAPIRO, LONNY
1154 NW 100TH AVE
PEMBROKE PINES, FL 33024 US

Name and Address of New Registered Agent:

SHAPIRO, LONNY
12480 COUNTRYSIDE TERR.
COOPER CITY, FL 33330 US

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: LONNY SHAPIRO 05/12/2008
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:

Title: P/T ( ) Delete
Name: SHAPIRO, LONNY
Address: 1154 NW 100TH AVE
City-St-Zip: PEMBROKE PINES, FL 33024 US

Title: D ( ) Delete
Name: SHAPIRO, LONNY
Address: 1154 NW 100TH AVE
City-St-Zip: PEMBROKE PINES, FL 33024 US

Title: VP/D (X) Delete
Name: NICASTRO, STEVE
Address: 633 NW 132ND AVE
City-St-Zip: DAVIE, FL 33324 US

Title: S (X) Delete
Name: SHAPIRO, DANA
Address: 1154 NW 100TH AVE
City-St-Zip: PEMBROKE PINES, FL 33024 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/T (X) Change ( ) Addition
Name: SHAPIRO, LONNY
Address: 12480 COUNTYSIDE TERR.
City-St-Zip: COOPER CITY, FL 33330 US

Title: VP (X) Change ( ) Addition
Name: SHAPIRO, LONNY
Address: 12480 COUNTRYSIDE TERR.
City-St-Zip: COOPER CITY, FL 33330 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: LONNY SHAPIRO P/T 05/12/2008
Electronic Signature of Signing Officer or Director Date