


2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P07000036506		
1. Entity Name CUSTOM POWER SOLUTIONS, INC.		

Principal Place of Business 2202 N. 38TH STREET TAMPA, FL 33605 US	Mailing Address 2202 N. 38TH STREET TAMPA, FL 33605 US
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2. Principal Place of Business - No P.O. Box # 6040 Causeway Blvd.	3. Mailing Address 6040 Causeway Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State TAMPA, FLORIDA	City & State TAMPA, FLORIDA
Zip 33619	Zip 33619
Country USA	Country USA

6. Name and Address of Current Registered Agent WIDEMAN, RENAE J 2202 N. 38TH STREET TAMPA, FL 33605	7. Name and Address of New Registered Agent Name WIDEMAN, Renae J. Street Address (P.O. Box Number is Not Acceptable) 6040 Causeway Blvd. City TAMPA FL Zip Code 33619
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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 obligations of registered agent.

SIGNATURE: Renae J. Wideman - President DATE: 11/18/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After January 1, 2009, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WIDEMAN, RENAE J 2202 N. 38TH STREET TAMPA, FL 33605 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800138286548 11/26/08--01028--010 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 report 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.

SIGNATURE: Renae J. Wideman DATE: 11/18/08 DAYTIME PHONE: 813 6288370

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
2008 NOV 26 PM 1:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11102008 REIN-P CR2E098 (1/07)

4. FEI Number 75-3234698	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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REINSTATEMENT
2008