

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P07000090753

1. Entity Name
POWER 5, INC.



FILED
08 DEC -1 AM 9:51
CLERK OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**4261 NW 107TH AVE
DORAL, FL 33178**

Mailing Address
**4261 NW 107TH AVE
DORAL, FL 33178**

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country



11242008 REIN- CR2E098 (1/07)

4. FSI Number
33-119

5. Certificate of Status
630

Applied For
Not Applicable

Additional Fee Required
\$8.75

6. Name and Address of Current Registered Agent
**MARTINEZ, EUGENIO JR
4620 BILTMORE DRIVE
CORAL GABLES, FL 33146**

7. Name and Address
Name
Street Address (P.O. Box Number is Not A
City

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 _____
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.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DP MARTINEZ, EUGENIO JR 4920 BILTMORE DRIVE CORAL GABLES, FL 33146 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	400138344664 12/01/08--01065--013 ***158.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DV MARTINEZ, EUGENIO SR 4920 BILTMORE DRIVE CORAL GABLES, FL 33146 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, and that the information 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 the information has not been changed, or on an attachment with an address, with all other like empowered

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE _____

Daytime Phone # _____

12/20