


2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

08 DEC -1 AM 9:51



SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07000090753 1. Entity Name POWER 5, INC.	
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Principal Place of Business 4261 NW 107TH AVE DORAL, FL 33178	Mailing Address 4261 NW 107TH AVE DORAL, FL 33178
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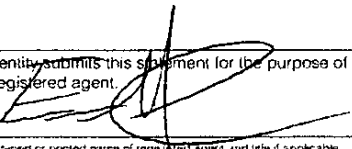
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Zip	City & State Zip	4. FSI Number 33-119	5. Certificate of Status [
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11242008 REIN: CR2E098 (1/07)

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
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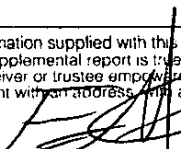
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the S the obligations of registered agent. SIGNATURE:  <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	Applied For Not Applicable \$8.75 Additional Fee Required FL Zip Code DATE
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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/CHANGE: OFFICERS AND DIRECTORS IN 11	
TITLE	DP MARTINEZ, EUGENIO JR 4920 BILTMORE DRIVE CORAL GABLES, FL 33146	TITLE	400138344664 12/01/08--01065--013 **158.75
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	DV MARTINEZ, EUGENIO SR 4920 BILTMORE DRIVE CORAL GABLES, FL 33146	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<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, 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 I further certify that the information of the corporation or the receiver or trustee appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered	I further certify that the information of the corporation or the receiver or trustee appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered
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SIGNATURE:  DATE: _____ DAYTIME PHONE #: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/20