
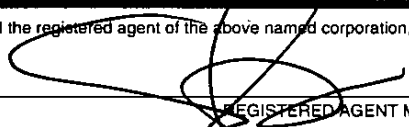
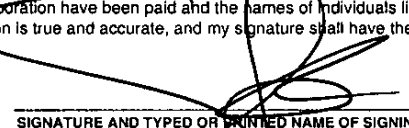


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	<div style="border: 1px solid black; padding: 5px; transform: rotate(-10deg); display: inline-block;">FILED 04 DEC 30 AM 9:25 SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
DOCUMENT # P93000072030				
1. Corporation Name POWER PRESSURE, INC.				
2. Principal Office Address 20910 JOHNSON STREET Suite, Apt. #, etc. #1-124 City & State Pembroke Pines Zip 33029 Country BRUNARD		3. Mailing Office Address P.O. Box 297611 Suite, Apt. #, etc. City & State Pembroke Pines FL Zip 33029 Country BRUNARD		
		4. Date Incorporated or Qualified To Do Business in Florida 1993		
		5. FEI Number 650492315		
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status		
7. Name and Address of Current Registered Agent				
Name STEVEN DAKESIAN				
Street Address (P.O. Box Number is Not Acceptable) 405 SW 198 TERRACE				
Suite, Apt. #, Etc.				
City Pembroke Pines		State FL	Zip Code 33029	
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.				
Signature of Registered Agent 		Date 11-03-04		
REGISTERED AGENT MUST SIGN				
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)				
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	
P	ANNE DAKESIAN	405 SW 198 TERRACE	Pembroke Pines FL 33029	
VP	STEVEN DAKESIAN	405 SW 198 TERRACE	Pembroke Pines FL 33029	
			000043725120 12/30/04--01013--017 **\$00.00	
10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.				
SIGNATURE: 		Date 11-03-04 (954) 443 5106		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Daytime Phone #</small>		

CR2E081 (01/04)