PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DÉPAR Secreta DIVISION OF	ry of S	State	T.	SECRETARY OF ALLAHASSEE, FI	STATE ORIDA	
DOCUMENT # 79700085892 1. Corporation Name				0	09 JUN 30 AM 4: 18		
POWERTRANS FREI	AHT SYSTEM	S, {I	NC.			VS	
2. Principal Office Address - No P.O. Box#	3. Mailing Office Addr	ffice Address					
2801 N.W. 74TH AVE.	JAOI N.W	N.W. 74TH AVE.		_ REIN	REINSTATEMENT 007-09		
Suite, Apt. #, etc.	Suite, Apt. #, etc.			4. Data lassa			
SUITE 226 Sity & State	City & State	UITE 226			4. Date Incorporated or Qualified To Do Business in Florida 09/30/1997 5. FEI Number Applied For Not Applicable		
MIAMI, FL	MIAMI,	AMI, FL					
ip Country	Zip	Coun	try	6.		Not Applicable \$8.75 Additional Fee require	
33127 N.S. A	33177	U	1. S . A.	CERTIFICATE	OF STATUS DESIRED	for a Certificate of Status	
7. Name and Address of Current Registered Agent				1.,			
LEE, SUNG J			The reinstatement fee is imposed, except in circumstances which the entity did not receive				
Street Address (P.O. Box Number is Not Acceptable) 2801 N.W. 74-TH AVE				the pri	the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.		
Suite, Apt. #, Etc. # >>6				receiv			
City MIAMI		State	ate Zip Code				
3. I, being appointed the registered agent of the	above named corporation, am	familiar v	with and accept the	obligations of section	on 607.0505 or 617.0503,	F.S.	
Signature of Registered Agent	Lac_ REGISTERED AGENT MUS	T SIGN		<u></u>	Date 06/	24/2009	
9. Names and Street Addresses of Each Officer	and/or Director (Florida nonpr	ofit corpo	orations must list at l	least 3 directors)			
Titles . Name of Officers and/or Direct		Street Address of Each Officer and/or Director			City /	State / Zip	
D LEE, SUNG J	933	ES	FANDHILL	AVZ.	CARSON, C	A 90746	
				20 06/30/	0157968 0901005020	302 **450,00	
10. Londify that I am an afficer as disorter — the			Abia				
10. I certify that I am an officer or director or the re this reinstatement application, the reason for d	iceiver or trustee empowered t lissolution has been eliminated	o execut I, the con	e mis application as porate name satisfie	provided for in cha- es the requirements	pter 607 or 617, F.S. I furti of section 607.0401 or 61	ner certify that when filing 7.0401, 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 contained in Chapter 119, 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:

06/24/2009 305)994-7424