PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM FLORIDA DEPARTMENT OF STATE CORPORATION 2008 FEB 25 PM 1: 25 Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS SECRETARY OF STATE TALLAHASSEE, FLORIDA P9 80000 54449 DOCUMENT # Electric 1 incorporated 1. Corporation Name 2. Principal Office Address - No P.O. Box # 3. Mailing Office Address ITTE Amella St Amellast. CR2E081 (12/07) Suite, Apt. #, etc. 4. Date Incorporated or Qualified 998 City & State City & State 5. FEI Number Applied For OrlandoFL Oclando Not Applicable Zip Country \$8.75 Additional Fee required for a Certificate of Status 32801 7. Name and Address of Current Registered Agent Anthony Brooks ✓ The reinstatement fee is imposed, except in circumstances which the entity did not receive Street Address (P.O. Box Number is Not Acceptable) the prior notices. By checking this box, you Amelia St 117 巨 are certifying the prior notices were not Suite, Apt. #, Etc. received and requesting the reinstatement fee be waived. Zip Code 2801 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 Date 2/20/08 Registered Agent REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director Name of Officers and/or Directors City / State / Zip

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Fes.	Chris Clancey	380 S. Euclid Ave #202	Pasadena, C.A. 9/101
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O. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/08

Daytime Phone #