


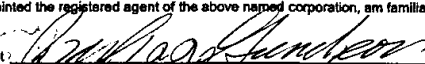
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000106407			
1. Corporation Name POWER PLUS TECHNOLOGIES, INC.			
2. Principal Office Address 4521 PGA BLVD. <small>Suite, Apt. #, etc.</small>		3. Mailing Office Address 4521 PGA BLVD. <small>Suite, Apt. #, etc.</small>	
City & State PALM BEACH GARDENS, FL		City & State PALM BEACH GARDENS, FL	
Zip 33418	Country USA	Zip 33418	Country USA


10/27
FILED
01 NOV 29 PM 1:18
SECRETARY OF STATE
TALLAHASSEE FLORIDA

4. Date Incorporated or Qualified To Do Business in Florida 12-21-98	
5. FEI Number 651062918	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status.	

7. Name and Address of Current Registered Agent	
Name BARBARA GUNCHEDN	
Street Address (P.O. Box Number is Not Acceptable) 1338 S. KILLIAN DR.	
Suite, Apt. #, Etc.	
City LAKE PARK	State FL Zip Code 33403

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 1-27-2001
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
D	TOIA, THOMAS P	4521 PGA BLVD.	PALM BEACH GARDENS FL 33418
D	TOIA, THOMAS M	4521 PGA BLVD.	PALM BEACH GARDENS FL 33418
D	WINTERLING, GEORGE	4521 PGA BLVD.	PALM BEACH GARDENS FL 33418

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 1/27/2001 Daytime Phone # 561-624-2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	



Val 2

RESUBMIT

Please give original
submission date as file date.

ACCOUNT NO. : 07210000003

REFERENCE : 492161

AUTHORIZATION : Patricia Pizito

COST LIMIT : \$ 458.75

ORDER DATE : November 29, 2001

ORDER TIME : 9:41 AM

ORDER NO. : 492161-005

CUSTOMER NO: 81404A

CUSTOMER: Stephen Covert, Esq
Stephen S. Mathison, P.a.
Suite 211
5606 Pga Boulevard
Palm Beach Gdns, FL 33418

RECEIVED
01 NOV 30 AM 11:34
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: POWER PLUS TECHNOLOGIES, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward, Ext. 1135
EXAMINER'S INITIALS

As early as possible, our client
needs confirmation faxed to him
today. Would appreciate anything you can do.
Thank