


# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P99000021237		
1. Entity Name DIXON HORSEPOWER, INC.		

FILED  
08 MAR 10 PM 12:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 6370 DANIELS RD NAPLES, FL 34109 US	Mailing Address 6370 DANIELS RD NAPLES, FL 34109 US
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2. Principal Place of Business - No P.O. Box # 3968, 20th PL S.W.	3. Mailing Address 3968 20th PL S.W.
Suite, Apt. #, etc. NAPLES, FL	Suite, Apt. #, etc. NAPLES, FL

City & State NAPLES, FL	City & State NAPLES, FL
Zip 34116	Country US



REINSTATEMENT  
03/01/2008 REIN:P... CR2E098 (1/0/0) 07-08

4. FEI Number 65-0918696		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent DIXON, ROBERT J 6370 DANIELS ROAD NAPLES, FL 34109		7. Name and Address of New Registered Agent Name ROBERT J. DIXON Street Address (P.O. Box Number is Not Acceptable) 3968 20th PL NAPLES 34116 City NAPLES FL Zip Code 34116

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent

SIGNATURE \_\_\_\_\_  
(Signature, typed or printed name of the registered agent available if applicable) (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST DIXON, ROBERT J 6370 DANIELS RD NAPLES, FL 34109 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3968 20th PL NAPLES, FL 34116
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200121251162 03/25/08--01053--012 **300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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. I further certify that the information indicated on this report or supplemental report 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 my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  3/4/08 239-352-1150  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date-time (Eastern)