2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Nov 13, 2008 8:00 A.M.
Secretary of State

DOCUMENT # P99000025528

1. Entity Name
POWER BROTHERS, INC.

Principal Place of Business
6855 LYONS TECHNOLOGY CIRCLE
SUITE 18
COCONUT CREEK, FL 33073

Mailing Address
P.O. BOX 970807
COCONUT CREEK, FL 33097 US

11/13/08 01037 001 150

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
7401 WILES RD.	~~PO. BOX~~
Suite, Apt. #, etc. NO. 312	Suite, Apt. #, etc.
City & State CORAL SPGS, FL. 33067	City & State
Zip / Country	Zip / Country

11102008 REIN-P CR2E098 (1/07)

4. FEI Number 65-0908944 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JOHN, LONG 5205 NW 51ST STREET COCONUT CREEK, FL 33073	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2009, Fee will be $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LONG, JOHN A P.O. BOX 670693 CORAL SPRINGS, FL 33067	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD LONG, GRACE M P.O. BOX 670693 CORAL SPRINGS, FL 33067	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	REINSTATEMENT	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: [signature] 11.13.08 954 857 7025
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #