

2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

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

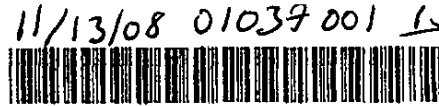
DOCUMENT # P99000025528

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**



2. Principal Place of Business - No P.O. Box #
7401 WILES RD.

3. Mailing Address
PO BOX

State, Apt. #, etc.
NO. 312

State, Apt. #, etc.

11102008 REIN-P CR2E098 (1/07)

City & State
CORAL SPRS, FL 33067

City & State

4. FBI Number
65-0908944

Applied For
Not Applicable

Zip

Country

Zip

Country

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 any individual agent and must be legible.

(NOTE: Registered Agent Signature required when reuniting)

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 11

NAME	PD	☐ Delete
NAME	LONG, JOHN A	
STREET ADDRESS	P.O. BOX 670693	
CITY-STATE-ZIP	CORAL SPRINGS, FL 33067	
NAME	STD	☐ Delete
NAME	LONG, GRACE M	
STREET ADDRESS	P.O. BOX 670693	
CITY-STATE-ZIP	CORAL SPRINGS, FL 33067	
NAME		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
NAME	RH	☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
NAME		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

NAME		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
NAME		☐ Change ☐ Addition
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CITY-STATE-ZIP		
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STREET ADDRESS		
CITY-STATE-ZIP		
NAME		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

REINSTATEMENT

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 included 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/18/08

954 857 7025