

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 SEP 27 AM 10:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000093610

1. Corporation Name
LM Power Systems, Inc.

600008081096--7
-09/27/02--01065--006
***1058.75 ***1058.75

2. Principal Office Address 999 Elder Drive, Bay B3		3. Mailing Office Address P.O. B. 21176	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State FT. LAUDERDALE, FL		City & State FT. LAUDERDALE, FL	
Zip 33316	Country USA	Zip 33335	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 10-21-1999	
5. FEI Number 65-0958014	Applied For 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 JAMES W. JARVIS	
Street Address (P.O. Box Number is Not Acceptable) 1500 SAN REMO AVE	
Suite, Apt. #, Etc. SUITE 145	
City CORAL GABLES	State FL
	Zip Code 33146

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: REGISTERED AGENT MUST SIGN Date: **9-23-02**

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
P/T	ADOLFO DIAZ	1620 NW 118 TER	Pembroke Pines/FL/33026
C/S	VERGIL PIZER	16722 NW 16 ST	Pembroke Pines/FL/33028

REINSTATEMENT 00-07178

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: **9-20-02** 954-462-6040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/01)