e and Ado	dress of Current Registered Agent:
IK, MITCHEI OSPREY BL ING ISLAND	
ove named er	tity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Flo
IATURE:	MITCHELL M SWANK
	Flashenia Cimatum of Devistand Ament

2016 FLORIDA PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000060568

Entity Name: POWERCON SOUTHEAST, INC.

Current Principal Place of Business:

1890 OSPREY BLUFF BLVD FLEMING ISLAND. FL 32003

Current Mailing Address:

1890 OSPREY BLUFF BLVD FLEMING ISLAND, FL 32003

FEI Number: 20-2745247

Name

SWANK 1890 O FLEMIN

The abo lorida.

SIGN 02/24/2016 Date Electronic Signature of Registered Agent **Officer/Director Detail :** DP Title DST Title Name SWANK, MITCHELL M Name SWANK, RANDA L 1890 OSPREY BLUFF BLVD 1890 OSPREY BLUFF BLVD Address Address City-State-Zip: FLEMING ISLAND FL 32003 City-State-Zip: FLEMING ISLAND FL 32003

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MITCHELL M SWANK

PRESIDENT

02/24/2016

Electronic Signature of Signing Officer/Director Detail

Date

FILED Feb 24, 2016 Secretary of State CR4997446436

Certificate of Status Desired: No