PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 MAY 19 AM 9:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H91248

1. Corporation Name

SOUTH FLORIDA ENERGY, INC.

Principal Place of Business | Mailing Address

REINSTATEMENT 95-99

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
MARKOWITZ FENELON & BANK		MARKOWITZ FENELON & BANK	
Suite, Apt. #, etc. 30 PARK PLACE		Suite, Apt. #, etc. 30 PARK PLACE	
City & State EAST HAMPTON, NY		City & State EAST HAMPTON, NY	
Zip 11937	Country USA	Zip 11937	Country USA

4. Date Incorporated or Qualified To Do Business in Florida: 12/17/1985

5. FEI Number: 65-0001794 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] **$8.75 Additional Fee required for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
STD	VOULIERIS, MICHAEL	1420 SHERBROOKE ST. WEST	MONTREAL, QUEBEC, CANADA
V	TERYAZO, LEONTIS	1420 SHERBROOKE ST. WEST	MONTREAL, QUEBEC, CANADA
			400002884834---5 06/02/99--01067--012 ***1350.00 ***1350.00

8. Name and Address of Current Registered Agent

ROSEN, EVE WAGNER
CYPRESS PARK WEST, SUITE 407
6700 NORTH ANDREWS AVE.
FT. LAUDERDALE, FL 33309

9. Name and Address of New Registered Agent

Name: DAVID FENELON C/O SHAW AERO DEVICES
Street Address (P.O. Box Number is Not Acceptable): 12291 TOWNE LAKE DRIVE
Suite, Apt. #, Etc.
City: FORT MEYERS State: FL Zip Code: 33913

CR2E040 (1/98)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: [signature] Date ______
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes [X] No ☐

(See other side for information on intangible tax.)

12. 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 name 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: [signature] May 11, 1999 516-324-2145
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #

STF FL32474F.1