PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY **COMPANY** REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPURATIONS

11 MAR -8 PH 3 09

DOCUMENT # L02000024797

1. Limited Liability Company's Name

Global Energy, LLC								100197070991 03/08/1101013011 **1096.25				
3415 NW 27th Terrace 3			3415 NV	3. Mailing Office Address 3415 NW 27th Terrace Suite, Apt. #, etc.				CR2E041 (1/11) 4. State/Country of Formation Florida, USA				
1.7			City & State	City & State Gainesville, FL				5. Date Organized or Qualified To Do Business in Florida 09/23/2002 6. FEI Number Applied For				
Zip			Zip 32605			untry	1	20-1476676 7. CERTIFICATE OF STATUS DESIRED			Not Applicable from the required thicate of Status	
8. Name and Address of Current Registered Agent Name Antone L. Forneris Street Address (P.O. Box Number is Not Acceptable)								E-mail Address:				
6331 N Suite, Apt. City Gaines	· · ·	State Zip Code				rexv@bellsouth.net (To be used for future annual report notices)						
9. t, being Signatu	appointed the	July 1	we named limited	Date Date								
10. Name	es and Street	t Addresses of Managing Mem										
Titles		Name of Managing Members/Managers			Street Address of Each Managing Member/Manag			et	City / State / Zip			
Ρ	Johr	John A. Moriarty			1577 Chain Fern Way				Orange Par	k, Fl	L 32003	
T	Vince	Vincent V. Rex			3415 NW 27th Ter			rrace	Gainesville,	FL	32605	
ii		Antone L. Forneris			6331 NW 16th PL			L	Gainesville	<u>, FL</u>	32605	
merm Mrcm	Ilia T.	Ilia T. Kondratiev			5077 Fruitville Road				Sarasota, F	L 34	1232	
MGR	John	John R. Fulkerson			16603 SW 5th PL				Newberry, I	FL 3	2669	
MGR	lgor Ka	Karaimskaya/Chekhova Str Apt 53				Str Apt 53	Simferpool, Ukraine 95011					
11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.												

Signature of Managing \ Member/Manager

Dete 03/07/11 Daytime Phone # 352-226-7264