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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 NOV -3 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L99000004104

Name and Mailing Address

0015501 01 MB 0.309 **AUTO T7 0 0615 15001-175840

ENERGY TECHNOLOGIES GROUP, LLC
2840 BRODHEAD ROAD
ALIQUIPPA PA 15001-1758

CR2E084 (7/03)

2. New Mailing Address

City, State, Zip

4. State/Country of Formation
FL

5. Date Organized or Qualified To Do Business in Florida 07/08/1999

Principal Place of Business
2840 BRODHEAD ROAD
ALIQUIPPA PA 15001

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number
25-1895216

☐ Applied For
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. **Name and Address of Current Registered Agent**

A.G.C. CO.
200 S ORANGE AVENUE
SUITE 2300
ORLANDO FL 32801

9. **Name and Address of New Registered Agent**

Name A. G. C. Co

Street Address (P.O. Box Number is Not Acceptable) 200 S Orange Avenue

Suite 2300

City Orlando FL 32801

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent Richard T. Fulton REQUIRED Date 10/30/03

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
P	BISKUP, JAMES H	2840 BRODHEAD ROAD	ALIQUIPPA PA 15001
VP	SAMBOL, ROHN A	2840 BRODHEAD ROAD	ALIQUIPPA PA 15001

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11/03/03--01033--013 **150.00

REINSTATEMENT 03 dcc

12. 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.

Signature of Managing Member/Manager James H Biskup REQUIRED Date 10-21-03 Daytime Phone # 724-622-3750

Typed or printed name of signing Managing Member/Manager James H Biskup