

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 000000099855 1. Corporation Name North American Energy Company			
2. Principal Office Address 312 N. main St. Suite, Apt. #, etc.		3. Mailing Office Address 312 N. main St. Suite, Apt. #, etc.	
City & State Stillwater MN Zip 55082 Country USA		City & State Stillwater MN Zip 55082 Country USA	

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SECRETARY OF STATE
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REINSTATEMENT

2001

4. Date Incorporated or Qualified To Do Business in Florida Oct 24, 2000	
5. FEI Number 36-4399764	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name Joe Barnett	
Street Address (P.O. Box Number is Not Acceptable) 718 Marco Dr N.E.	
Suite, Apt. #, Etc.	
City St. Petersburg	State FL Zip Code 33702

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0506 or 617.0503, F.S.	
Signature of Registered Agent 	Date 12/21/01
REGISTERED AGENT MUST SIGN	

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	T.E. Janssen	312 N. main Street	Stillwater, MN 55082
Sec	Kathy Cunningham	312 N. main Street	Stillwater, MN 55082
Dir	Joe Barnett	718 Marco Dr N.E.	St. Petersburg, FL 33702

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: Kathy Cunningham
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date 12-20-01 Daytime Phone # 651-275-3940