

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

09 MAY 12 PM 12:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P06000141777

1. Corporation Name

GLOBAL ENERGY OPTIONS INC.

REINSTATEMENT 07-09  
205/12

CR2E081 (12/08)

2. Principal Office Address - No P.O. Box #

2710 Walnut Street

Suite, Apt. #, etc.

City & State

Denver, CO

Zip

80205

Country

USA

3. Mailing Office Address

2710 Walnut Street

Suite, Apt. #, etc.

City & State

Denver, CO

Zip

80205

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

11/09/2006

5. FEI Number

20-8054211

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

CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Rd.

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

Hiedi M. Liesch

Hiedi Liesch  
Assistant Secretary

Date

5/11/09

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	John Dee	2710 Walnut Street	Denver, CO 80205
Sec.	John Dee	2710 Walnut Street	Denver, CO 80205
Treas.	John Dee	2710 Walnut Street	Denver, CO 80205
			600155821786 05/12/09--01017--003 **1050.00

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN DEE

5<sup>TH</sup> MAY 2009

Date

303 744 2100

Daytime Phone #