

2-66255
758.75
150.00

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR 28 AM 10:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F02000000 949

1. Corporation Name

Energy Diagnostic Services, Incorporated

000033982450
04/26/04--01073--015 **150.00

REINSTATEMENT 03-04
000033982450
04/26/04--01073--014 **758.75

2. Principal Office Address

2541 N.E. 11th Street

Suite, Apt. #, etc.

116

City & State

Pompano Beach, Florida

Zip

33062

Country

United States

3. Mailing Office Address

2541 N.E. 11th Street

Suite, Apt. #, etc.

116

City & State

Pompano Beach, Florida

Zip

33062

Country

United States

**4. Date Incorporated or Qualified
To Do Business in Florida**

02/22/2002

5. FEI Number

362 40 1673

☒ 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

Joel M. Sinkule

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

2541 N.E. 11th Street

Suite, Apt. #, Etc.

116

City

Pompano Beach

State
FL

Zip Code
33062

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

JOEL M. SINKULE
President
REGISTERED AGENT MUST SIGN

Date

3/27/04

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
CEO	Joel M. Sinkule	2541 N.E. 11th Street, #116	Pompano Beach, Florida 33062
CFO	Sean M. Sinkule	828 Ralph McGill Boulevard, #213	Atlanta, Georgia 30306
Dir.	Joseph B. Sinkule	1787 McLendon Avenue, N.E.	Atlanta, Georgia 30307

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:

JOEL M. SINKULE
President
3/27/04

(954) 933-0929

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)