

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVAL
AND
FILED

05 SEP 12 AM 10:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F08700

1. Corporation Name

NEW ENERGY, INC.

2. Principal Office Address
3065 NE 14 Avenue

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

Zip

33334

Country

U.S.

3. Mailing Office Address

3065 NE 14 Avenue

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

Zip

33334

Country

U.S.

REINSTATEMENT

92-05

4. Date Incorporated or Qualified
To Do Business in Florida 12/11/1980

5. FEI Number
59-2045529

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
John C. Feydt

Street Address (P.O. Box Number is Not Acceptable)
3065 NE 14 Avenue

Suite, Apt. #, Etc.

City
Fort Lauderdale

State
FL

Zip Code
33334

100059780271

09/20/05--01036--010 **2700.75

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

John Feydt
REGISTERED AGENT MUST SIGN

Date Aug. 31, 2005

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
P/D	JOHN C. FEYDT	3065 NE 14 AVENUE	FORT LAUDERDALE, FL 33334

K. Eckel SEP 12 2005

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:

John Feydt

/John C. Feydt

Aug. 31, 2005

(954) 566-4327

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRZED01 (01/05)