PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

15 APR -2 AM 9:36

DOCUMENT # F12000004932

1. Corporation Name

Oak Ridge Micro Energy

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
3046 E Brighton Place	751 North Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	Suite 9
City & State	City & State
Salt Lake City, UT	Melbounre
Zip / Country	Zip / Country
84121 / USA	FI 32934 / USA

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida
12/0/2012

5. FEI Number
94-3431032
☐ 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
L. Lee Arrowood

Street Address (P.O. Box Number is Not Acceptable)
3164 Constellation Drive

Suite, Apt. #, Etc.

City: Melbourne | State: FL | Zip Code: 32934

800271361388
04/02/15--01019--020 **750.00

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 _____ Date 3/23/15

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
D	Meriwwether, Mark	3046 E Brighton Place	Salt Lake City, UT 84121
PSTD	Barber, Steve	751 North Dr, Suite 9	Melbounre, FI 32934
	REINSTATEMENT	APR 2 2015	
		R. HU.	

10. **E-mail Address:** larrowood@oakg.net
(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: _____ 3/23/15 321-610-7959

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #