

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 APR 15 PM 4:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

YBR
00-02

DOCUMENT # F99000001309

1. Corporation Name

Corporate Energy Consultants, Ltd.

2. Principal Office Address

10333 W. 84th Terr

Suite, Apt. #, etc.

City & State

Lenexa, Kansas

Zip

66214

Country

U.S.A.

3. Mailing Office Address

10333 W. 84th Terr

Suite, Apt. #, etc.

City & State

Lenexa, Kansas

Zip

66214

Country

U.S.A.

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

5. FEI Number

48-0933685

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

Snowden S. Mowry

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

217 Nassau Street South

Suite, Apt. #, Etc.

City

Venice

State
FL

Zip Code
34285

200005349362

04/25/02-01067-025

****458.75 ****458.75

1

025

68.75

CR2E081 (9/00)

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

Snowden S. Mowry
REGISTERED AGENT MUST SIGN

Date March 7, 2002

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.	C. David Hazen	1950 Frontier Lane	Olathe, KS 66062
V.P.	Scott Kirkwood	8005 Lakeview	Lenexa, KS 66219
Sec.	Robert Loyd	4707 College Blvd.	Leawood, KS 66211

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-02

2-14-02

Date

913-894-9720

Daytime Phone #