

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F99000002478

1. Corporation Name

THE ENERGYSUPERSTORE, COM, INC.

2. Principal Office Address

11 Hickory Way

Suite, Apt. #, etc.

City & State

Winter Haven, FL

Zip

33881

Country

USA

3. Mailing Office Address

11 Hickory Way

Suite, Apt. #, etc.

City & State

Winter Haven, FL

Zip

33881

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5/13/99

5. FEI Number

59-3536898

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

600075289816
05/25/06--01049--016 **1208.75

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name

Smathers, James F.

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

11 Hickory Way

Suite, Apt. #, Etc.

City

Winter Haven

State

FL

Zip Code

33881

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

James F. Smathers

Date 5/9/06

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
P	Howell, Jdy D.	11 Hickory Way	Winter Haven, FL 33881
VP	Smathers, James F.	11 Hickory Way	Winter Haven, FL 33881
ST	Snively, Patsy J.	11 Hickory Way	Winter Haven, FL 33881

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:

Judy D. Howell, Pres.

5/9/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #