

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000085394

FILED
Oct 26, 2009
Secretary of State

Entity Name: ALLPHASE ENERGY INTERNATIONAL, LLC

Current Principal Place of Business:

19730 BLACK OLIVE LN
BOCA RATON, FL 33498 US

New Principal Place of Business:

Current Mailing Address:

19730 BLACK OLIVE LN
BOCA RATON, FL 33498 US

New Mailing Address:

20423 SR 7 STE F6270
BOCA RATON, FL 33498 US

FEI Number: 26-3429080 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

OLSON, GARY A MGRM
20423 SR 7 SUITE F6270
BOCA RATON, FL 33498 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: GARY A. OLSON

10/26/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: POROSKY, CHRISTOPHER
Address: 19730 BLACK OLIVE LN
City-St-Zip: BOCA RATON, FL 33498 US

Title: MGRM () Delete
Name: BEALL, DAVID
Address: 803 SUNSET RD
City-St-Zip: BOYNTON BEACH, FL 33435 US

Title: MGRM () Delete
Name: OLSON, GARY
Address: 19730 BLACK OLIVE LN
City-St-Zip: BOCA RATON, FL 33498 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: GARY A. OLSON

MGRM

10/26/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date