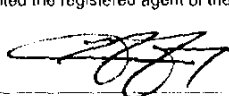
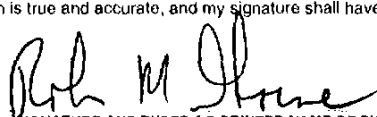


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 98 AUG 28 PM 12:46 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # L40418 1. Corporation Name EMPIRE COGEN, INC.					
Principal Place of Business 4973 SOUTH SHORE DR. NEW PORT RICHEY, FL 34652		Mailing Address 4973 SOUTH SHORE DR. NEW PORT RICHEY, FL 34652			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		4. Date Incorporated or Qualified To Do Business in Florida 01/04/90	
5. FEI Number 59-2992475				Applied For ☐ Not Applicable	
6. CERTIFICATE OF STATUS DESIRED ☒				\$8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
P/D	BRIAN A. TRAVIS	4973 SOUTH SHORE DR.	NEW PORT RICHEY, FL 34652		
S	ROBIN M. THORNE	4973 SOUTH SHORE DR.	NEW PORT RICHEY, FL 34652		
			100002630691-9 -09/01/98--01080-016 ***1058.75 ***1058.75		
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent		
			Name AMERILAWYER		
			Street Address (P.O. Box Number is Not Acceptable) 3623 W. KENNEDY BLVD.		
			Suite, Apt. #, Etc.		
			City State Zip Code TAMPA FL 33609		
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.					
Signature of Registered Agent 		REGISTERED AGENT MUST SIGN Jeffrey A. Dawd Attorney at Law		Date 8/21/98	
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)					
12. 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: 		SECRETARY SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		(813) 848-2031 Daytime Phone #	

CR2040 (2-96)