

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

FILED

01 OCT 23 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L99000007526**

1. Limited Liability Company's Name

GLOBAL ENERGY SOLUTION, L.C.

REINSTATEMENT 2001

2. Principal Office Address

c/o GLOBAL ENERGY SOLUTIONS INC. c/o GLOBAL ENERGY SOLUTIONS INC.

Suite, Apt. #, etc.

5945 N. WASHINGTON BLVD

City & State

SARASOTA, FL.

Zip Country

34243

3. Mailing Office Address

c/o GLOBAL ENERGY SOLUTIONS INC. c/o GLOBAL ENERGY SOLUTIONS INC.

Suite, Apt. #, etc.

5945 N. WASHINGTON BLVD

City & State

SARASOTA, FL

Zip Country

34243

4. Country of Formation

FLORIDA / SARASOTA

5. Date Organized or Qualified
To Do Business in Florida

10/29/1999

6. FEI Number

Applied For
☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

**\$300 Additional Fee required
for a Certificate of Status**

8. Name and Address of Current Registered Agent

Name

FLORENCE B STEPHENS

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

5945 N. WASHINGTON BLVD

Suite, Apt. #, Etc.

\$

City

SARASOTA

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******155.00 ****155.00**

State
FL

Zip Code

34243

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Florence B Stephens
REGISTERED AGENT MUST SIGN

Date **10-17-01**

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
mgr	GLOBAL ENERGY SOLUTIONS INC	5945 N. WASHINGTON BLVD	SARASOTA, FL 34243

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

Florence B Stephens

Date **10-17-01**

Daytime Phone #

941-355-8876

Typed or printed name of signing Managing Member/Manager

FLORENCE B STEPHENS, SEC/TREAS.