PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAR -3 PM 12:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 1000008033

1. Corporation Name
FLORIDA HYDROGEN BUSINESS COUNCIL, INC.
DOC NO. 1000008033

REINSTATEMENT 07-04

2. Principal Office Address		3. Mailing Office Address	
1311 N. US Highway 1		PO Box 542828	
Suite, Apt. #, etc. Florida Nasa / TRDA		Suite, Apt. #, etc.	
City & State Titusville FL		City & State Merritt Island FL	
Zip 32796	Country US	Zip 32954	Country USA

4. Date Incorporated or Qualified To Do Business in Florida: NOV 13 2001

5. FEI Number: 74-302 8416 ☐ 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: J. Marshall Gilmore

100029751091
03/03/04--01026--013 **297.50

Street Address (P.O. Box Number is Not Acceptable): 1065 Old Parsonage Drive

Suite, Apt. #, Etc.

City: Merritt Island FL 32952 State: FL Zip Code: 32952

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: [signature] REGISTERED AGENT MUST SIGN Date: February 26 2004

CR2E081 (01/04)

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 Director	J. Marshall Gilmore	PO 542828	Merritt Island FL 32954
TRES Director	David Kershaw	1311 N. US Highway 1 TRDA / Nasa	Titusville FL 32792
VP Director	David Bruderly	920 SW 57th Drive	Gainesville FL 32607
Director	David Block	1679 Clear Lake Rd	Cocoa FL 32922
Director	Allan Bedwell	3900 Commonwealth Blvd Suite 1021A	Tallahassee FL 32399
Director	addison Bain	899 Suntree Woods Dr.	Viera FL 32940

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] 2/26/04 321-591-9922
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #