PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS HORM.

AND
FILED



CORPORATION	
	16.75



## FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # PODODOO 405 13	
1. Corporation Name Laif CoAst Geothermal,	<b>7</b> 0.4

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

1. Corpora	tion Name	Palf COA	st Gent	hermal	IN4					
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					}					
2. Principa .ろ2か	Office Addi	Redwool	3. Mailing Office Add	iness Ine	1					
Suite, Apt. #	, etc.		Suite, Apt. #, etc.			4. Date Incorp	orated or Qual	lified		1
City & State	<del></del> ···		City & State	***	<u>'</u>		ess in Florida		1-2000	
GUL		Breeze	Ony a State		i i	<b>5.</b> FEI Number 59	- 36	44196	Applied For Not Applicable	
32	573	SAN HALOSA	Zip	Country	7	6. CERTIFICATE	OF STATUS DE	S8.75 Ad for a C	Iditional Fee required Pertificate of Status	
				I Address of Curre	nt Registered	d Agent	-			•
	Name	D-21011	F 1/	1201	<del></del>	90		549221	91	
	Street Ad	Idress (P.O. Box Number is N	ot Acceptable)	<u> </u>		**************************************	-05/6	<del>38/020105</del>	<del>70</del> 01	
		3202 C	Redwoo	& LAN	<u>ع ر</u>		****	*308.75 <b>**</b>	**308.75	
	Suite, Ap	t. #, Etc.								
	City	WIF BRE	222		:		State Z	ip Code 3 2 5 6 3	,	_
8. I, being	appointed	ne egistered agent of the abo	ve named corporation, a	n familiar with and	ccept the obl	ligations of section	on 607.0505 or	r 617.0503, F.S.		
Signature o Registered		duald	2/19/	Mat	1		Date	4/23/0	2	
negistered 	Agent U	RI	GISTERED AGENT MU	ST SIGN						l
9. Names	and Street	Addresses of Each Officer and	d/or Director (Florida non		-	st 3 directors)	<del></del>			l
Titles		Name of Officers and/or Directors			ress of Each I/or Director	<u></u>		City / State / Z	ip	
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40 /	1	n officer of director or the rece	iver or trustee empowers	d to everute this an	nlication as pr	rovided for in cha	nter 607 or 61	7 FS I further certif	v that when filing	1
thie ro	inetatement	in officer of director or the rece application, the reason for dis- ration have been paid and the	solution has been elimina	ted, the corporate na	ame satisfies t	the requirements	of section 607	7,0401 or 617.0401, I	F.S., that all fees	
owed on this	application	is true and accurate, and the	signature shall have the s	ame legal effect as i	f made under	oath.		- 4-444		
		Hand!!			: 4	4/23/1	12_ 8	350 206	-8676	
SIGNA	TURE: \	SIGNATURE AND TYPED OR PE	INTED NAME OF SIGNING	OFFICER OR DIRECT	OR Z	1 270	Date	Daytime F	Phone #	

## GULF COAST GEOTHERMAL, INC



April 23, 2002

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Dear Sir or Madam:

This is to advise that Gulf Coast Geothermal, Inc. located at 3202 Redwood Lane, Unit C, Gulf Breeze, Florida 32563, did not receive the package from the State of Florida for filing it's annual report for 2001 or 2002.

I request that any penalties related to the above be waived and that the attached Corporate Reinstatement form be accepted with the normal fees in order to reinstate our company.

Sincerely

Gulf Coast Geothermal, Inc.

Ronald E. Holbert

President

3202 C Redwood Lane Gulf Breeze, Florida 32563 Phone: (850) 932-4506

Fax: (850) 932-4275