

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000071086

1. Corporation Name

USAVE ENERGY SERVICES, INC

Principal Place of Business

Mailing Address

2440 STATE RD 580
SUITE 12
CLEARWATER FL 33761

2440 STATE RD 580
SUITE 12
CLEARWATER FL 33761

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

~~Charles S. Owens Jr.~~
~~2416 Parkstream Ave.~~
~~Clearwater Florida~~
~~33759~~
~~Pinellas~~

~~2455 McMullen South Rd~~
~~Suite K~~
~~Clearwater Florida~~
~~33759~~
~~Pinellas~~

4. Date Incorporated or Qualified
To Do Business in Florida

06/27/2002

5. FEI Number

03-0469-725

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
CEO	Owens, Charles S. III	2416 Parkstream Ave.	Clearwater Fl. 33759
V. Pres.	Owens, Kathleen M.	155 Rags Ct #2106	Dunedin Fl 34698

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

OWENS, CHARLES S III

~~2787 ENTERPRISE RD #12~~

CLEARWATER FL 33761

~~2416 Parkstream Ave~~
~~Clearwater Fl 33759~~

Name

~~Charles S. Owens III~~

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

~~2455 McMullen South Rd #K~~

Suite, Apt. #, Etc.

City

~~Clearwater~~

State

~~FL~~

Zip Code

~~33759~~

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. or 617.0505, F.S.

Signature of
Registered Agent

~~SIGNATURE REQUIRED~~

REGISTERED AGENT MUST SIGN

Date

~~1/5/04~~

11. 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 REQUIRED~~

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

~~1/5/04~~

Daytime Phone #

CR2E040 (7/03)



Florida Dept of State
Division of Corporations
Attn: Glenda Hood,

Please be advised that we did not receive this notice
as it went to the old address. I am sorry for the delay.

Our new address is:

2455 Mc Mullen Booth Rd #K
Clearwater, Fl. 33759