PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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COMPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 10 MAR -4 AM 11:53
DOCUMENT # PO2000072515 1. Corporation Name Allsolan Energy Systems, Inc. 2004		SECTORIST PER STATE ORIDA
	w1-8033	.800169011288
2. Principal Office Address - No.P.O. Box # 20 State Kd. 13 Suite, Apt. #, etc	3. Mailing Office Address 20 State Rd. 18 13 Suite, Apt. #, etc	02/16/1001033020 **150.00 REINSTATEMENT 08-10
City & State Jackson Ville, FC	City & State JUCKSONVILLE, FL	4. Date Incorporated or Qualified To Do Business in Florida 7 - - 0 2 5. FEI Number Applied For Not Applicable
32259 Country 4.5.A	32259 Country U-5.A.	6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required to a Certificate of Status
7. Name and Address o	f Current Registered Agent	l ,
Name Lelaud V-Burrell Street Address (P.O. Box Number is Not Acceptable)		The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you
Suite, Apt. #, Etc.		are certifying the prior notices were not received and requesting the reinstatement fee be waived.
Jacksonville FL 32259		
8. 1, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section \$07,0505 or 617,0503, F.S. Signature of Registered Agent Date 2 -11-10 REGISTERED AGENT MUST SIGN		
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	Ctty / State / Zin
P Leland V. Bu	rrell 20 State Rd	13 Jacksonville, FL 32259 +1116 Jacksonville, FL 32223
5 William R. Fle	uderspir 3355 Clarice 1	The Jackson The FL 32223
		200169011238 03/04/1001044016 **300.00
10. E-mail Address: Winbur @ carthlink. nct (To be used for future annual report notification)		
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 filling 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. I further certify, 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Desytime Phone \$		