

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 MAR -4 AM 11:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 002000072515

1. Corporation Name Allsolar Energy Systems, Inc.
20 State Rd. 13

WI-8033

2. Principal Office Address - No P.O. Box #

20 State Rd. 13

Suite, Apt. #, etc

3. Mailing Office Address

20 State Rd. 13

Suite, Apt. #, etc

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32259

Country

U.S.A.

Zip

32259

Country

U.S.A.

7. Name and Address of Current Registered Agent

Name

Leland V. Burrell

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

20 State Rd. 13

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32259

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

Leland V. Burrell

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 Officer and/or Director	City / State / Zip
P	Leland V. Burrell	20 State Rd. 13	Jacksonville, FL 32259
S	William R. Flinders	3355 Claire Ln. #1116	Jacksonville, FL 32223

800169011288
03/04/10--01044--016 **300.00

10. E-mail Address: lvburr@earthlink.net

(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 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. 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:

Leland V. Burrell

2-11-10

Date

904-962-9913

Daytime Phone #

3/5a