APPROVED
AND
FILED

06 SEP 19 PM 12:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000023310

1. Corporation Name
Integrated Energy Systems, Inc.

REINSTATEMENT 05-06

CR2E081 (12/05)

2. Principal Office Address	3. Mailing Office Address
c/o Cohen & Grieb, P.A. 500 N Westshore Blvd	c/o Cohen & Grieb, P.A 500 N Westshore Blvd.
Suite, Apt. #, etc.: Suite 700	Suite, Apt. #, etc.: Suite 700
City & State: Tampa, FL	City & State: Tampa, FL
Zip: 33609 Country: USA	Zip: 33609 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 2/26/03

5. FEI Number: 42-1578008 ☐ 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: Robert Cohen

Street Address (P.O. Box Number is Not Acceptable): 500 North Westshore Blvd.

Suite, Apt. #, Etc.: Suite 700

City: Tampa | State: FL | Zip Code: 33609

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: Robert Cohen Date: 9/15/06

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
D	Jose M. Flores	14502 North Dale Mabry #200	Tampa, FL 33618

200090093732
09/22/06--01048--023 **900.00

PLEASE SIGN & DATE

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 contained in Chapter 119, 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: August 16, 2006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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