

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P08000015974

Entity Name: ENERGY WISE SOLUTIONS, INC.

FILED
Oct 23, 2009
Secretary of State

Current Principal Place of Business:

2104 GILLIAN LANE, UNIT 8
TALLAHASSEE, FL 32308

New Principal Place of Business:

2104 GILLIAM LANE
SUITE 8
TALLAHASSEE, FL 32308

Current Mailing Address:

2104 GILLIAN LANE, UNIT 8
TALLAHASSEE, FL 32308

New Mailing Address:

2104 GILLIAM LANE
SUITE 8
TALLAHASSEE, FL 32308

FEI Number: 26-2373200

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTS, THAYER M
1105 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

PARSONS, KEVIN C
92 MCCALLISTER ROAD
CRAWFORDVILLE, FL 32327 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: KEVIN C. PARSONS

10/23/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: PARSON, KEVIN C
Address: 92 MCCALLISTER ROAD
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: DVP () Delete
Name: SAPP, LARRY D
Address: PO BOX 606
City-St-Zip: SOPCHOPPY, FL 32358

Title: STD () Delete
Name: HODGES, DOREEN G
Address: 438 CARDINAL LANE
City-St-Zip: MONTICELLO, FL 32344

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: PARSONS, KEVIN C
Address: 92 MCCALLISTER ROAD
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEVIN C. PARSONS

DP

10/23/2009

Electronic Signature of Signing Officer or Director

Date