PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| | | | | | | | , , , , , , , , , | _ | | | 1 1 2 1 | | |
|---|--|-------------------------|-------------|---------------------------|---|-------------------|-----------------------|------|--|--|-------------|--------------|--|
| CORPOR REINSTAT | | is the second | | 5 | DEPAR Secretar | y of S | | | | 11 DEC | 29 MM | 10: 57 | |
| DOCUMENT # P09000073977 1. Corporation Name | | | | | | | | | SECRETARY OF STATE. TALLAHASSEE. FLORIDA | | | | |
| SAVE ON S | OLAR | INC | | | | | | | | | | | |
| | RE | EINS | STA | TEM | 1EN | IT. | 2010-11 | | | | | | |
| 2. Principal Office Address - No P.O. Box # | | | | 3. Mailing Office Address | | | | | | | | | |
| 8416 Cessna Drive | | | | 8416 Cessna Drive | | | | | | | | | |
| Suite, Apt. #, etc. | | | | Suite, Apt. #, etc. | | | | | CR2E081 (11/10) | | | | |
| City & State | | | | City & State | | | | 4 | | oorated or Qualified ness in Florida | 09/02/2 | 2009 | |
| New Port Richey, Florida | | | | New Port Richey, Florida | | | | | 5. FEI Numbe 27-08761 | | | Applied For | |
| Zip Country | | | | Zip Country | | | | | | 104 | | Not Applicab | |
| 34654 USA | | | | 34654 USA | | | | | 6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee require for a Certificate of Status | | | | |
| | 7. | Name and | Address o | f Current Regis | tered Age | nt | | 7 | | | | | |
| Name Spiegel & Utrera, P.A. | | | | | | | | | 000215640670 12/29/1101008013 ***900.00 | | | | |
| Street Address (P.O. Box Number is Not Acceptable) 1840 Southwest 22 Street | | | | | | | | | | | | | |
| Suite, Apt #, Etc. 4th Floo | or | | | | | | | | | | | | |
| City Miami | | State Zip Code FL 33145 | | | | | | | | | | | |
| 8. I, being appointe | ed the regis | stered agent | of the abo | ve named corpo | oration, am | familiar v | with and accept the | obl | igations of section | on 607,0505 or 617 | .0503, F.S. | | |
| Signature of | | Spiegel | & Utrera | a, P.A. | | Natali | a Utrera, Vice | م ۵ | President | | | | |
| Registered Agent _ | | | RE | GISTERED AG | | | a Ottora, vice | | - Colociii | Date | | | |
| Names and Stre | eet Addres | ses of Each | Officer and | l/or Director (Flo | orida nonpr | ofit corpo | prations must list at | leas | st 3 directors) | ************************************* | | | |
| Titles | Titles Name of Officers and/or Directors | | | | Street Address of Each Officer and/or Director | | | | City / State / Zip | | | | |
| PSD Hodg | D Hodges, Steven | | | | | 8416 Cessna Drive | | | | New Port Richey, Florida 34654 | | | |
| D Hodges, Gail | | | | | 8416 Cessna Drive | | | | | New Port Richey, Florida 34654 | | | |
| | | | | | | | | | | | - | | |
| | | | | | | | | | | - | | | |

10. E-mail Address: clubassist@amerilawyer.com

(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., and that all fees owed by the corporation have been paid. I fulther 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

IGNATURE:

Steven Hodges, President

Signature and Typep OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone Methods

SIGNATURE:

to object

Daytime Phone #

<u>SPIEGEL & UTRERA, P.A</u> (Requestor's Name) **幽1** DEC 29 AN 10: 42 1840 SOUTHWEST 22 STREET, 4TH FLOOR MIAMI, FL 33145 - (305) 854-6000 CORPORATION NAME(S) & DOCUMENT NUMBER(S) OFFICE USE ONLY (if known): P09000073977 SAVE ON SOLAR INC (Corporation Name) (Document #) 2. (Corporation Name) (Document #) 3. (Document #) (Corporation Name) 4. (Document #) (Corporation Name) Walk-In Pick up time _____ Certified Copy **AMENDMENTS NEW FILINGS** Profit Amendment Resignation of R.A., Officer/Director NonProfit Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Other Merger **REGISTRATION/** QUALIFICATION OTHER FILINGS Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement

Trademark

Examiner's Initials

Other