PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
14 AUG 22 PM 4:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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08/22/14--01011--030 **1200.00

CR2E081 (11/10)

DOCUMENT # P12716

1. Corporation Name
ASPEN ENERGY, INC.

2. Principal Office Address - No P.O. Box #
15861 DORTH CIR
Suite, Apt #, etc.
City & State
FT. MYERS FLORIDA
Zip 33908 Country USA

3. Mailing Office Address
SAME
Suite, Apt #, etc.
SAME
City & State
SAME
Zip Country

4. Date Incorporated or Qualified To Do Business In Florida
12/24/1986

5. FEI Number
74-2112321
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
WILLIAM E. DUEEASE III
Street Address (P.O. Box Number is Not Acceptable)
15861 DORTH CIRCLE
Suite, Apt. #, Etc.
City
FT. MYERS
State FL
Zip Code 33908

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 William E. Dueease
REGISTERED AGENT MUST SIGN
Date 8/18/14

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
PRES	WILLIAM E. DUEEASE III	15861 DORTH CIR.	FT. MYERS, FL 33908
V.P	CHRISTINE E. DUEEASE	15861 DORTH CIR.	FT. MYERS, FL 33908
			11-14

dcc 8/27

10 E-mail Address: BILL@ASPENCOACH.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 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. 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.

SIGNATURE: William E. Dueease
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 8/18/14
Daytime Phone # 239-415-1777