PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR A REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 NOV 12 PM 4:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000066435**

1. Corporation Name
KILOWATT SAVER, INC.

Principal Place of Business	Mailing Address
~~924 SLIGH BLVD.~~ ORLANDO FL 32806	~~924 SLIGH BLVD.~~ ORLANDO FL 32806

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

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2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.: 4177 L.B. McLeod Road	Suite, Apt. #, etc.: 4177 L.B. McLeod Rd.
City & State: Orlando, FL	City & State: Orlando, FL
Zip: 32811 Country: USA	Zip: 32811 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 09/09/1994

5. FEI Number: 59-3264870 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
DP	BROWN, JOHN M	~~924 SLIGH BLVD.~~ 4177 L.B. McLeod	ORLANDO FL ~~32806~~ 32811
DV	FAHERTY, JAMES	~~924 SLIGH BLVD.~~ 4177 L.B. McLeod.	ORLANDO FL ~~32806~~ 32811
D	Cook, Reginald	250 Hembre Park Drive #114	Roswell, GA 30076
DT	Noble, Jeffrey	250 Hembre Park Drive #114	Roswell, GA 30076
D	Colcock, Heath	250 Hembre Park Drive #114	Roswell, GA 30076

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8. Name and Address of Current Registered Agent

BROWN, JOHN M
~~924 SLIGH BLVD.~~
ORLANDO FL ~~32806~~

9. New Registered Agent

Name:

Street Address (P.O. Box Number is Not Acceptable): 4177 L.B. McLeod. Road

Suite, Apt. #, Etc.:

City: Orlando State: FL Zip Code: 32811

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****8.75 ****758.

CR2E040 (8/97)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: X JBB
REGISTERED AGENT MUST SIGN

Date: 10-31-97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☒ No ☐ Paid

(See other side for information on intangible tax.)

12. 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 under section 119.07(3)(i), 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: X JBB
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 10-31-97 Daytime Phone #: (407) 872-0143