

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



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

AND  
FILED

1996 DEC -2 AM 9:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000087890

1. Corporation Name

ENERGY MARKETING, INC.

Principal Place of Business

C/O MICHAEL P. STAFFORD  
55 HILTON AVENUE  
GARDEN CITY NY 11530

Mailing Address

C/O MICHAEL P. STAFFORD  
55 HILTON AVENUE  
GARDEN CITY NY 11530

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

11/16/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	STAFFORD, MICHAEL P	55 HILTON AVENUE	GARDEN CITY NY 11530

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\*\*\*375.00 \*\*\*375.00

8. Name and Address of Current Registered Agent

CAPITAL CONNECTION, INC.  
417 E VIRGINIA ST SUITE 1  
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name NICHOLAS H. HAGOORT JR  
Street Address (P.O. Box Number is Not Acceptable)  
1901 SOUTH CONGRESS AVE  
Suite, Apt. #, Etc. SUITE 360  
City BOYNTON BEACH State FL Zip Code 33426

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

Nicholas H. Hagood Jr. REQUIRED

Date 11/25/96

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(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)(f), 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:

REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/4/96  
Date

516 584-5522  
Daytime Phone #