

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 MAR 14 PM 2:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000009181

1. Corporation Name

GEOTEC THERMAL GENERATORS, INC.

Principal Place of Business

1615 SOUTH FEDERAL HIGHWAY  
101  
BOCA RATON FL 33432  
US

Mailing Address

1615 SOUTH FEDERAL HIGHWAY  
101  
BOCA RATON FL 33432  
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 02-03

4. Date Incorporated or Qualified  
To Do Business in Florida

01/26/1996

5. FEI Number

50-3357040

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
CEO	LUECK, W R	1615 SOUTH FEDERAL HIGHWAY, STE.	BOCA RATON FL 33432
CP	PEPE, DANIEL	1615 SOUTH FEDERAL HIGHWAY, STE.	BOCA RATON FL 33432
<del>OFF</del>	<del>SCOTT, MARTIN</del>	<del>1615 SOUTH FEDERAL HIGHWAY, STE.</del>	<del>BOCA RATON FL 33432</del>
			700012964857 03/04/03--01055--012 **150.00
			700012964857 02/21/03--01077--023 **750.00

8. Name and Address of Current Registered Agent

LUECK, W R  
1615 SOUTH FEDERAL HIGHWAY, STE. 101  
BOCA RATON FL 33432

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

*W. R. Lueck*  
SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 10-26-02

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., 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:

*DAN PEPE*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2040 (8/02)