

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

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

FILED

02 NOV 25 AM 9:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000072720

1. Corporation Name

ENERGY MANAGEMENT SOLUTIONS, INC.

Principal Place of Business

MICHAEL J. GAMBLE  
401 CHANNELSIDE WALK WAY STE#1475  
TAMPA FL 33602-6728

Mailing Address

MICHAEL J. GAMBLE  
401 CHANNELSIDE WALK WAY STE#1475  
TAMPA FL 33602-6728

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

2. New Principal Office Address, If Applicable

ENSI  
301 W. PLATT ST. #345

City & State  
TAMPA, FL

Zip  
33606-2992

Country  
USA

3. New Mailing Office Address, If Applicable

ENSI  
301 W. PLATT ST. #345

City & State  
TAMPA, FL

Zip  
33606-2992

Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida

08/16/1999

5. FEI Number

59-3593898

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 3	City / State / Zip 4
D	GAMBLE, MICHAEL J	401 CHANNELSIDE WALK WAY STE. 14- 301 W. PLATT ST. #345	TAMPA FL 33602 TAMPA, FL 33606-2992

8. Name and Address of Current Registered Agent

NOBLE, RONALD H ESQ.  
501 E. KENNEDY BLVD., STE. 1700  
TAMPA FL 33602

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

CR2E040 (8/02)

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 11-17-02

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: MICHAEL J. GAMBLE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-18-02

Date

Daytime Phone #

949-  
464-2932



**Energy Management Solutions, Inc.**  
A Lighting and Energy Management Corporation

November 18, 2002

RE: Energy Management Solutions, Inc. - Document # P99000072720

Dear Department of State – Division of Corporations:

I spoke with one of your Administrative Agents last week, and she informed me to complete this form, mail it in with a check for \$550.00, and send this Letter of Request asking you to waive the reinstatement fee due to the fact that I sent my renewal in several months ago, and for whatever reason – you never received it.

Please reinstate my company, update my address, and send me a Certificate of Status (additional fee enclosed).

Thank you for this request. I can be reached directly at 1-949-464-2932.

Sincerely,

Michael J. Gamble  
President