PLEASE READ ALL INSTRUCTIONS BEFORE COMPLET

| CORPORAT REINSTATEN | (500 Sec. (2.175) | Secretary | TMEN I*OF STATE y of State corporations | | SECRET ARE DIVISION OF C | YOU THE MAN | |
|---|------------------------|---|--|---|-----------------------------|---|--|
| DOCUMENT # P99000095655 1. Corporation Name Global Energy Solutions I, Inc. | | | | | | | |
| 2. Principal Office Address - No P.O. Box # 1748 Independence Blvd Suite, Apt. #, etc. | | 3. Making Office Address 1748 Independence Blvd. Suite, Apt. #, etc | | 000187501330 11/05/1001041004 **750.00 | | | |
| Building A | | Building A | | Date Incorporated or Qualified To Do Business in Florida October 29, 1999 | | | |
| city & State Sarasota, FL | <u>-</u> | City & State Sarasota, FL | | 5. FEI Numbe | 5. FEI Number Applied For | | |
| zip 34234 | Country | Zip 34234 | Country | 6 | OF STATUS DESIDED Z | Not Applicable Additional Fee required a Certificate of Status | |
| 04201 | 7. Name and Address of | | | | | | |
| Name Florence Stephens Street Address (P.O. Box Number is Not Acceptable) 1748 Independence Blvd Suite, Apt. #, Etc. Building A City Sarasota | | | State Zip Code FL 34234 | 000187501330 11/18/1001033005 **308.75 | | | |
| 8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the ob- Signature of Registered Agent REGISTERED AGENT MUST SIGN | | | | | Date June 17, 2010 | | |
| 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) | | | | | | | |
| Titles | | | Street Address of Eacl Officer and/or Directo | | City / State | / Zíp | |
| Edmund R. Danzig | | | 1748 Independence Blvd, Bldg | | Sarasota/Fl | /34234 | |
| Mireton | | | <u> </u> | 1311/19/10 | | | |
| REINSTATEMENT OF - 10 | | | | | | (0) | |
| | | | | | | | |
| 10. E-mail Address: globales2000@aol.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 fulling 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. Lightler 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. | | | | | | | |
| SIGNATURE: | Edmind | June 17, 2009 9 | 041-355-8876 | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Dato Dato | | | | | | Daytima Phone # | |