

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT -8 PM 12:02

DOCUMENT # P99000104315

1. Corporation Name

GLOBENERGY CORPORATION

2. Principal Office Address

3203 QUEEN PALM DR.

Suite, Apt. #, etc.

City & State

TAMPA, FL

Zip

33619

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12-12-99

5. FEI Number

59-3647666

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

STEVEN G. WENZEL

000004638380-8

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

633 N. FRANKLIN ST.

-10/16/01--01036--02

****300.00 ****300.00

Suite, Apt. #, Etc.

500

City

TAMPA

State

FL

Zip Code

33602

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Steven G Wenzel
REGISTERED AGENT MUST SIGN

Date 10-4-01

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>PD</u>	<u>STANLEY K. ADWELL</u>	<u>3203 QUEEN PALM DR.</u>	<u>TAMPA, FL 33619</u>
<u>SD</u>	<u>JOSE S. CIFUENTES</u>	<u>3203 QUEEN PALM DR.</u>	<u>TAMPA, FL 33619</u>

10. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-3-01

Date

813-740-2611

Daytime Phone #

CR2E081 (9/00)