

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # S 54263

1. Corporation Name

American Energy Systems, Inc.

W10-25211

FILED

96 DEC -5 PM 1:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Mailing Address

Principal Place of Business

101 N.E. 3rd Rd
Homestead, FL 33030

101 N.E. 3rd Rd
Homestead, FL 33030

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

REINSTATEMENT

95-016

2. New Mailing Address, If Applicable

3. New Principal Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

5/21/91

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3066575

City & State

City & State

Applied For

Not Applicable

Zip

Country

Zip

Country

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
P	Viergutz, Tom	101 N.E. 3rd Rd	Homestead, FL 33030
ST	Viergutz, Tammi	101 N.E. 3rd Rd	Homestead, FL 33030
VP	Diana, manuel A	101 N.E. 3rd Rd	Homestead, FL 33030
			500002024795--8 -12/10/96--01101--009 ****575.00 ****575.00

(Signature)

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Viergutz, Tom
101 N.E. 3rd Rd
Homestead, FL 33030

Name

manuel A. Diana

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

101 N.E. 3rd Road

Suite, Apt. #, Etc.

City

Homestead

State

Zip Code

FL

33030

CR2E040 (6/94)

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

(Signature)

REGISTERED AGENT MUST SIGN

Date 12-15-96

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box (See other side for additional information.)

12. 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.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further 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., and that all fees owed by the corporation have been paid. 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)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/15/96

Date

303-248-5900

Daytime Phone #