

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 NOV 24 PH 12:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F02000000475

1. Corporation Name

UTILITY AUTOMATION INTEGRATORS,
INCORPORATED

2. Principal Office Address

307 WYNN DRIVE

Suite, Apt. #, etc.

City & State

HUNTSVILLE, AL

Zip

35806

Country

US

3. Mailing Office Address

307 WYNN DRIVE

Suite, Apt. #, etc.

City & State

HUNTSVILLE, AL

Zip

35806

Country

US

REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida

01/29/2002

5. FEI Number

72-1382579

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

CT CORPORATION

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

1200 S. PINE ISLAND ROAD

Suite, Apt. #, Etc.

City

PLANTATION

State

FL

Zip Code

33324

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

Jean Bolden

JEAN BOLDEN

Date

11/20/03

REGISTERED AGENT MUST SIGN

ASSISTANT SECRETARY

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
P	SWATANTAR K. CHAUHAN	307 WYNN DRIVE	HUNTSVILLE, AL 35806
VP	SUNITA CHAUHAN	307 WYNN DRIVE	HUNTSVILLE AL 35806
S/T	RENUKA CHAUHAN	307 WYNN DRIVE	HUNTSVILLE, AL 35806

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:

Sunita Chauhan

SUNITA CHAUHAN

11-19-2003

258-990-1585

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

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