

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS



FILED

02 JAN 28 PM 4: 18

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P92000008225

1. Corporation Name
C & M UTILITIES APPLICATIONS, INC.

Principal Place of Business Mailing Address

PO BOX 3749 PO BOX 3749
 PLANT CITY FL 33564 PLANT CITY FL 33564
 US US



REINSTATEMENT

98-02

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

2. New Principal Office Address, If Applicable
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. New Mailing Office Address, If Applicable
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. Date Incorporated or Qualified To Do Business in Florida
 11/23/1992

5. FEI Number
 65-0377130

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	DE AMBROSE, SHERWOOD J.	2607 LAKEVIEW WAY	PLANT CITY FL 33564
V	NIERENBERG, ALAN B.	5012 SAN MIGUEL	TAMPA FL
V	HELLANDER, JOHN C.	955 HARBOR LAKE COURT	SAFETY HARBOR FL
ST	DE AMBROSE, SAMANTHA Lewis, Samantha D.	18310 AINTREE COURT 3307 W. Alline Ave	TAMPA FL

600004884246--6
 -02/07/02--01006--011
 ***1350.00 ***1350.00

8. Name and Address of Current Registered Agent

DEAMBROSE, SAMANTHA J.
 18310 AINTREE COURT
 TAMPA FL 33647

9. Name and Address of New Registered Agent

Name: Samantha D. Lewis
 Street Address (P.O. Box Number is Not Acceptable): 3307 W. Alline Avenue
 Suite, Apt. #, Etc.
 City: Tampa State: FL Zip Code: 33611

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.

Signature of Registered Agent: *SIGNATURE REQUIRED* Date: 1/25/02
 REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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 REQUIRED* Samantha D. Lewis, Secretary Date: 1/25/02 813-754-1152
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E040 (9/98)