

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # 105000074530

1. Corporation Name
Silver Sands Utility, Inc.

FILED
97 FEB 25 AM 11:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
10510 Front Beach Rd. #157
Panama City Beach, Florida 32407

REINSTATEMENT 96-97

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida September 27, 1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3359152	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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
D- Pres.	Wesley M. Levins	10510 Front Beach Rd. #157	Panama City, Fl. 32407
V/D	D.D. Mashburn	6741 Camp Flowers Rd.	Youngstown, Fl. 32466
S/P/D	Steve R. Conway	316 Liddon Place	Lynn Haven, Fl. 32444
D	Robert L. Rose	1107 Friendship Ave.	Panama City, Fl. 32401

8. Name and Address of Current Registered Agent Wesley M. Levins 10510 Front Beach Rd. #157 Panama City Beach, Fl. 32407		9. Name and Address of New Registered Agent Name: 000002099400--D -02/27/97--01023--008 Street Address (P.O. Box Number is Not Applicable): 923.75 ***923.75 Suite, Apt. #, Etc. City State: FL Zip Code	
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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: Wesley M. Levins Date: 2-13-97
REGISTERED AGENT MUST SIGN

11. 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.)

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: Wesley M. Levins Wesley M. Levins 2-13-97 (904)234-7896
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (12/96)