

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 NOV 04 PM 2:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 298354

1. Corporation Name

DOLOMITE UTILITIES CORP.

Principal Place of Business

567 INTERSTATE BLVD.
SARASOTA FL 34240

Mailing Address

567 INTERSTATE BLVD.
SARASOTA FL 34240

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

2. New Principal Office Address, If Applicable
200 Corporate Center Dr.

Suite, Apt. #, etc.
Suite 300

City & State
Coraopolis, PA

Zip Country
15108 U.S.A.

3. New Mailing Office Address, if Applicable
200 Corporate Center Dr.

Suite, Apt. #, etc.
Suite 300

City & State
Coraopolis, PA

Zip Country
15108 U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

11/02/1965

5. FEI Number

59-1171072

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	City / State / Zip
CEO	BUSCHER, GEORGE E.	2650 GYPRESS ISLAND DR.	PALM BCH GARDENS FL
P/D	Donald J. Clayton	200 Corporate Center Dr., Ste.	300, Coraopolis, PA 15108
VST	GREGG, ELAINE F.	1706 FIELD RD.	SARASOTA FL
V	James A. Lahtinen	200 Corporate Center Dr., Ste.	300, Coraopolis, PA 15108
P	LEE, WILLIAM, G	346 SORRENTO RANCES DR	NOKOMIS FL
V/Cntr.	Karl Jackson	11100 Brittmoore Park Dr.	Houston, TX 77041
V/S	Carey Thomas	11100 Brittmoore Park Dr.	Houston, TX 77041
AS	Misty Sessions	11100 Brittmoore Park Dr.	Houston, TX 77041

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
500003038405--6
Suite, Apt. #, Etc.
-11/08/99--01114--009
City State Zip Code
FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0506, F.S.

Signature of
Registered Agent

Lisa K. Pastor

REGISTERED AGENT MUST SIGN

Date 10/28/99

11. 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.

KE

SIGNATURE:

James A. Lahtinen

James A. Lahtinen, V.P. 10/27/99(412)393-3620

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #