

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 21 PM 2:21

DOCUMENT # 468864

1. Corporation Name

SANIBEL BAYOUS UTILITY CORP.

2. Principal Office Address

13591 McGREGOR BL.

Suite, Apt. #, etc.

STE. 21

City & State

FT. MYERS, FL

Zip

33919

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Same

City & State

Same

Zip

S.

Country

S.

REINSTATEMENT 03-05

4. Date Incorporated or Qualified
To Do Business in Florida

01/31/1975

5. FEI Number

591616667

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

GARY WINROW

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

13591 McGREGOR BL. #21

Suite, Apt. #, Etc.

FT. MYERS, FL 33919

City

State

FL

Zip Code

33141

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

[Signature]

Date 3/18/05

REGISTERED AGENT MUST SIGN

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
VP	GARY WINROW	13591 McGREGOR BL.	FT. MYERS, FL 33919
P	WILLIAM BROEDER	300 71ST ST. STE 301	MIAMI, BEACH, FL 33141

03/29/05--01009--016 **1050.00
400049337234
02/29/05--01009--016 **1050.00

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/05 239-482-3711

Date

Daytime Phone #

CR2E061 (01/05)