


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

02 NOV -4 AM 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F91087

1. Corporation Name
VROOM UTILITIES, INC.

2. Principal Office Address 1419 PINE BAY ROAD		3. Mailing Office Address 46 N. WASHINGTON BLVD.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. #1	
City & State SARASOTA, FL		City & State SARASOTA, FL	
Zip 34231	Country USA	Zip 34236	Country USA

000008783550
11/04/02--01063--033 **900.00

REINSTATEMENT 01-02

4. Date Incorporated or Qualified To Do Business in Florida
07/19/82

5. FEI Number
59-2212120

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
JOHN PATTERSON

Street Address (P.O. Box Number is Not Acceptable)
46 N. WASHINGTON BLVD., #1

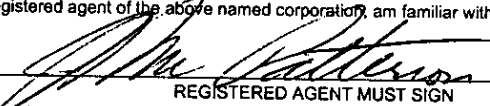
Suite, Apt. #, Etc.
#1

City
SARASOTA,

State
FL

Zip Code
34236

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.

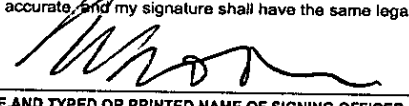
Signature of Registered Agent  REGISTERED AGENT MUST SIGN

Date **10/30/02**

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
D,P,T,S	VROOM, ERNIE	1419 PINE BAY ROAD	SARASOTA, FLORIDA 34231

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:  **ERNIE VROOM, President**

Date **10/30/02**

(941) **915-4004**

Daytime Phone #

CR2ED81 (9/01)

10/30/02