

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUN 23 PM 2:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F99000006697

1. Corporation Name

UTILIMAN SYSTEMS, INC.

6290 McDonough Drive
6290 McDonough Drive

2. Principal Office Address

6290 McDonough Drive

3. Mailing Office Address

6290 McDonough Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Norcross, Georgia

City & State

Norcross, Georgia

Zip

30093

Country

USA

Zip

30093

Country

USA

200038199742

06/23/04--01070--003 **300.00

4. Date Incorporated or Qualified

To Do Business in Florida 12/28/1999

5. FEI Number

58-2133815

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

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

REINSTATEMENT

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

Date

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
CP	Anderson, Michael H	6290 McDonough Drive	Norcross, GA 30093
S	Mottern, Robert J	6290 McDonough Drive	Norcross, GA 30093
CFO	Cagle, Jeff	6290 McDonough Drive	Norcross, GA 30093
V	Anderson, Anthony	6290 McDonough Drive	Norcross, GA 30093

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEFF A. CAGLE CFO

Date

5/24/04

Daytime Phone #

628-533-0290

20f2



Phone: 770-242-2565
Fax: 770-242-2563

6290 McDonough Drive
Nocross, GA 30093
www.usienergy.com

May 26, 2004

Florida Department of State
Division of Corporations

P.O. Box 6327
Tallahassee, FL 32314

Re: Document # F99000006697
FEI # 58-2133815

To whom it may concern:

We are in receipt of your notice of Administrative Dissolution for referenced company. Please see attached copy of timely filed and paid 2003 Uniform Business Report.

Enclosed, please find our completed Corporate Reinstatement for your reference and consider our request for the waiver of penalty fee. We have not received any notices as to why our corporation is being dissolved in Florida and would appreciate your consideration in this matter.

Please send us a bill for the fee needed to reinstate our corporation and we will send a check immediately.

Thank you for your help in this matter and please call (770) 242-2565 extension 1142, if I can offer further information or clarification.

Sincerely,

A handwritten signature in black ink, appearing to read 'Robert Eshraghi', is written over a horizontal line.

Robert Eshraghi
Accounting Manager

Attachments