

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED AND FILED

PM 12:33



STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

REINSTATEMENT 04

|   |                         |   |   |  |                                   |
|---|-------------------------|---|---|--|-----------------------------------|
| DOCUMENT # J38806   |                         |   |   | 1. Entity Name<br>ORANGE TREE UTILITY CO.  |                                   |
| Principal Place of Business<br>3000 ORANGE GROVE TRAIL<br>NAPLES, FL 34120 US   |                         | Mailing Address<br>3000 ORANGE GROVE TRAIL<br>NAPLES, FL 34120 US |   |  |                                   |
| 2. Principal Place of Business  |                         | 3. Mailing Address  |   |  |                                   |
| Suite, Apt. #, etc.   |                         | Suite, Apt. #, etc.   |   |  |                                   |
| City & State  |                         | City & State  |   |  |                                   |
| Zip   | Country                 | Zip   | Country   | 4. FEI Number<br>59-2748297  |                                   |
| 6. Name and Address of Current Registered Agent<br>BOLLT, ROBERTO<br>3000 ORANGE GROVE TRAIL<br>NAPLES, FL 34120  |                         |   |   | 7. Name and Address of New Registered Agent  |                                   |
| Name  |                         |   |   | Applied For  |                                   |
| Street Address (P.O. Box Number is Not Acceptable)  |                         |   |   | Not Applicable   |                                   |
| City  |                         |   |   | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |                                   |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.   |                         |   |   | 10252004 REIN-P CR2E098 (6/04)   |                                   |
| SIGNATURE: <u>See below</u>   |                         |   |   | DATE   |                                   |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  |                         |   |   | 100042292731   |                                   |
| FILE NOW!!! FEE IS \$750.00<br>After January 1, 2005, Fee will be \$900.00  |                         |   |   | 10/28/04--01066--017 **750.00  |                                   |
| 10. OFFICERS AND DIRECTORS  |                         |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |                                   |
| TITLE   | DPT                     | <input type="checkbox"/> Delete                                   | TITLE   | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME  | BOLLT, ROBERTO          |   | NAME  |  |                                   |
| STREET ADDRESS  | 3000 ORANGE GROVE TRAIL |   | STREET ADDRESS  |  |                                   |
| CITY-ST-ZIP   | NAPLES, FL 34120        |   | CITY-ST-ZIP   |  |                                   |
| TITLE   | DVP                     | <input type="checkbox"/> Delete                                   | TITLE   | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME  | LOWITZ, STEPHEN         |   | NAME  |  |                                   |
| STREET ADDRESS  | 3000 ORANGE GROVE TRAIL |   | STREET ADDRESS  |  |                                   |
| CITY-ST-ZIP   | NAPLES, FL 34120        |   | CITY-ST-ZIP   |  |                                   |
| TITLE   |                         | <input type="checkbox"/> Delete                                   | TITLE   | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME  |                         |   | NAME  |  |                                   |
| STREET ADDRESS  |                         |   | STREET ADDRESS  |  |                                   |
| CITY-ST-ZIP   |                         |   | CITY-ST-ZIP   |  |                                   |
| TITLE   |                         | <input type="checkbox"/> Delete                                   | TITLE   | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME  |                         |   | NAME  |  |                                   |
| STREET ADDRESS  |                         |   | STREET ADDRESS  |  |                                   |
| CITY-ST-ZIP   |                         |   | CITY-ST-ZIP   |  |                                   |
| TITLE   |                         | <input type="checkbox"/> Delete                                   | TITLE   | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME  |                         |   | NAME  |  |                                   |
| STREET ADDRESS  |                         |   | STREET ADDRESS  |  |                                   |
| CITY-ST-ZIP   |                         |   | CITY-ST-ZIP   |  |                                   |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |                         |   |   |  |                                   |
| SIGNATURE: <u>Robert Bollt</u>  |                         | ROBERTO BOLLT   |   | 10/25/04   |                                   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |                         | Date  |   | Daytime Phone #  |                                   |
|   |                         |   |   | 239 555-1389   |                                   |

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
OCT 28 PM 12:33

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