PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

00 FEB -7 AM 10:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

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

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-02/07/00--01044--013
****800.00 ****300.00

DOCUMENT # K39454

1. Corporation Name

American Utilities Inc.

2. Principal Office Address	3. Mailing Office Address
1201 Third Avenue	1201 Third Avenue
Suite, Apt. #, etc. Suite 5400	Suite, Apt. #, etc. Suite 5400
City & State Seattle WA	City & State Seattle WA
Zip 98101 Country USA	Zip 98101 Country USA

4. Date Incorporated or Qualified To Do Business in Florida: October 18, 1988

5. FEI Number: 65-0105442 ☐ 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: NRAI Services, Inc.

REINSTATEMENT 99-2000

Street Address (P.O. Box Number is Not Acceptable): 526 E. Park Avenue

Suite, Apt. #, Etc.:

City: Tallahassee State: FL Zip Code: 32301

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: Gina Leland Date: 2-3-00

Assistant Secretary for REGISTERED AGENT MUST SIGN NRAI Services, Inc.

CR2E081 (8/99)

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
Dir	John Orehek	1201 Third Ave Ste 5400	Seattle WA 98101
Dir	Paul Pfleger	"	"
Pres	John Orehek	"	"
VP	Darin Vey	"	"
Sec	Roy Lee III	"	"

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: Darin Vey 1/4/00 206-622-9900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2-7-00