

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 FEB 10 AM 9:56

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000042820

1. Limited Liability Company's Name

Alturas Utilities, LLC

REINSTATEMENT 04-05

2. Principal Office Address

3530 Mystic point Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O.Box 800845

Suite, Apt. #, etc.

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

Applied For

Not Applicable

City & State

Adventura, FL

City & State

Adventura, FL

Zip

33280

Country

Miami-Dade

Zip

33280

Country

Miami-Dade

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Stuart Sheldon

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

20 W. Tropical Way

Suite, Apt. #, Etc.

City

Ft. Lauderdale

State

FL

Zip Code

33317

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Stuart Sheldon

Date 2-9-05

REGISTERED AGENT MUST SIGN

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10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Mgm	Stuart Sheldon	20 W. Tropical Way	Ft. Lauderdale, FL 33317

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

Stuart Sheldon

Date 2-9-05

Daytime Phone # 954-983-6500

Typed or printed name of signing Managing Member/Manager