

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 DEC 26 AM 11:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L57631**

1. Corporation Name

FLORIDA UTILITIES, INC.

Principal Place of Business

**2545 WEST 80 ST
#16
HIALEAH FL 33016**

Mailing Address

**16154
16154 N.W. 77 PATH
MIAMI LAKES FL 33016**



000009686280
12/26/02--01015--016 **158.75

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/12/1990

5. FEI Number

65-0180590

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED **A** **\$8.75** Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	PEREDES, HECTOR	16154 N.W. 77 PATH	MIAMI LAKES FL 33016
S	SILVA, ROBERTO	2545 WEST 80TH STREET, #16	HIALEAH FL 33016
V.P.	Hector J. Peredes	16154 N.W. 77 Path	Miami Lakes, FL 33016

8. Name and Address of Current Registered Agent

**PEREDES, HECTOR
16154 N.W. 77 PATH
MIAMI LAKES FL 33016**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
Hector Peredes
REGISTERED AGENT MUST SIGN

Date **12-20-02**

11. 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)(l), 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 REQUIRED
Hector Peredes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/02)

Florida Utilities Inc.

2545 West 80 St. # 16
Hialeah, Fl. 33016

Office: (305) 557-3094
Fax: (305) 557-6185

December 20, 2002

Florida Department Of State
P.O. Box 6327
Tallahassee, Fl. 32314-6327

Ref: Reinstatement

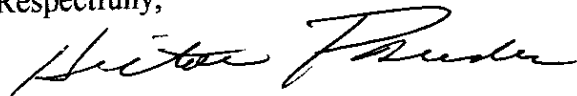
To Whom It May Concern:

Please be advised that we did not receive the UBR in time for filling, due to the fact that the address on the document was missed printed.
The address printed is 15154 instead of 16154 N.W. 77 Path.

Attached you will find a copy of such.

We are enclosing a check for \$ 158.75 and hereby request that the penalty fee be waived due to the misprint.

Respectfully,



Hector Paredes (president)
Registered Agent



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

P.O. Box 6327
Tallahassee, Florida 32314



FIRST-CLASS MAIL
U.S. POSTAGE PAID
FLORIDA DIVISION OF CORPORATIONS
#4221

TO:



0115072 SP

**SNGLP
L57631

0610 33016

16154 →
FLORIDA UTILITIES, INC.
15154 N.W. 77 PATH
MIAMI LAKES FL 33016