

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

98 JUN 30 AM 8:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M84838

M84838

1. Corporation Name

Sun States Utilities, Inc

Principal Place of Business

Mailing Address

P.O. Box 5501  
716 Spring Lake

Destin FL  
32540

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

July 88

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-2913484

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Pres	ALAN R GIBSON	716 Spring Lake	Destin FL 32541

400002575704--4  
-06/30/98--01019--001  
\*\*\*\*300.00 \*\*\*\*300.00

Reinst.  
97-98  
6-30-98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~BEAT MOORE ALAN R GIBSON~~  
~~1150 JOHN SIMS PARKWAY~~  
~~WACREVILLE, FL 325~~  
716 SPRING LAKE DRIVE  
DESTIN, FL 32541

Name  
BEAT MOORE  
Street Address (P.O. Box Number)  
1150 JOHN SIMS PARKWAY  
Suite, Apt. #, Etc.  
City  
WACREVILLE  
State  
FL  
Zip Code  
32575

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.

Signature of  
Registered Agent

Beat Moore

REGISTERED AGENT MUST SIGN

Date

6/30/98

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. 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:

Alan R Gibson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/30/98

Date

Daytime Phone #