

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 Destin Fla  
716 Springlake 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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		July 88	
City & State		City & State		5. FEI Number	
Zip		Zip		59-2913484	
Country		Country		Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres	ALAN R GIBSON	716 Springlake	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	
<del>BERT MOORE ALAN R GIBSON</del> 1150 JOHN SIMS PARKWAY WECVILLE, FL 325 716 SPRING LAKE WALK DESTIN, FL 32541		Name BERT MOORE Street Address (P.O. Box Number) 1150 JOHN SIMS PARKWAY Suite, Apt. #, Etc. City WECVILLE 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: *Melt* 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 Date: 6/30/98 Daytime Phone #

CR2E040 (1-98)