

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED  
00 DEC 13 PM 1:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **M84838**

1. Corporation Name  
**SUN STATES UTILITIES, INC.**

2. Principal Office Address <b>716 Spring Lake Drive</b>		3. Mailing Office Address <b>PO Box 5501</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Destin, FL</b>		City & State <b>Destin, FL</b>	
Zip <b>32541</b>	Country	Zip <b>32540</b>	Country

**REINSTATEMENT 99-00**

4. Date Incorporated or Qualified To Do Business in Florida  
**June 1, 1988** **SP**

5. FEI Number  
**59-2913484**  
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 **Bert Moore**

Street Address (P.O. Box Number is Not Acceptable)  
**4677 EAST HIGHWAY 20**

Suite, Apt. #, Etc.

City **Niceville** State **FL** Zip Code **32578**

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 *Bert Moore* Date **12/11/00**

REGISTERED AGENT MUST SIGN

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
P	Alan R. Gibson	716 Spring Lake Drive	Destin, FL 32541

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: *Alan R. Gibson* Date **Nov 17<sup>th</sup> 2000** Daytime Phone # **850-837-6705**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/99)