

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL 17 AM 9:52

DOCUMENT # **N97000002489**

1. Corporation Name.

Ellisville Utility Group, INC.

2. Principal Office Address

Rt 2 Box 6004

Suite, Apt. #, etc.

City & State

Lake City, FL

Zip

32024

Country

Columbia

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5-5-97

5. FEI Number

☒ 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

Terry McDAVID

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

128 SOUTH Hernando Street 700003334627-4

Suite, Apt. #, Etc.

07/25/00-01034-017

*****367.25 ***367.25**

City

Lake City

State
FL

Zip Code

32025

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

Date

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
D	W. L. Summers	601 Hall of Fame Dr.	Lake City, FL 32055
D	Kermit R. Horne	4600 Canal Road	Lake Wales, FL 33853
Ds	Michel P. Moukhtara	Rt 2, Box 6004	Lake City, FL 32024

REINSTATEMENT 98-00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michel Moukhtara
Secretary

6-22-00

Date

904-755-4960

Daytime Phone #