PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. **APPLICATION** FLORIDA DEPARTMENT OF STATE Jim Smith FOR FILED Secretary of State REINSTATEME DIVISION OF CORPORATIONS 02 NOV -7 PM 2:05 **DOCUMENT #** P00000019904 1. Corporation Name SECRETARY OF STATE TALLAHASSEE, FLORIDA INTERSTATE UTILITY CONTRACTOR CORP. rincipal Place of Business Mailing Address 3483ブ S.W. PALM CITY SCHOOL AVE A. S.W. PALM CITY SCHOOL AVE. PALM CITY FL 34990 PALM CITY FL 34990 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 Date Incorporated or Qualified To Do Business in Florida hool Ave S.W. Palmei 02/25/2000 Suite, Apt. #, etc. 5. FEI Number Applied For City & State < 65-0991036 Not Applicable Country \$8.75 Additional Fee required for a Certificate of Status CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Title(s) Street Address of Each and/or Directors City / State / Zip Officer and/or Director D LATHAM, JEFFREY 3467 A. S.W. PALM CITY SCHOOL AV PALM CITY FL 34990 S.W. Sundew Ct. 300008872473 11/07/02--01065--014 **150.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent LATHAM, JEFFREY Street Address (P.O. Box Number is Not Acceptable) 9487 A. S.W. PALM GITY SCHOOL AVE. 1163 SW Sundew CR2E040 PALM CITY FL 34990 Suite, Apt. #, Etc. City State 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 Date _ /0-24-02 REGISTERED AGENT MUST SIGN 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 filling 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

10:24-01-77) 263-9145

Date Dayline Phone #

October 29, 2002

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS P.O. BOX 6327 TALLAHASSEE, FL 32314

RE: DOCUMENT #P00000019904-REINSTATEMENT

PLEASE FIND ENCLOSED THE ABOVE REFERENCED FOR REINSTATEMENT. OUR OFFICE MOVED AND WE HAD SENT IN A CHANGE OF ADDRESS TO THE POST OFFICE, HOWEVER, OUR APPLICATION WAS NOT FORWARDED. PLEASE WAIVE THE PENALTY, WE HAVE ENCLOSED OUR CHECK IN THE AMOUNT OF \$150.00. IF WE HAVE ADDITIONAL COSTS, PLEASE LET US KNOW.

THANK YOU.

EFFREY LATHAM, PRESIDENT



FLORIDA DEPARTMENT OF STATE Secretary of State of Partie Belleville and a William

P.O. Box 6327

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