

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

02 MAR 28 PM 2:31

DOCUMENT # P00000047778

**1. Corporation Name**

Atlantic Utilities Group Inc.

**2. Principal Office Address**

1300 N. Florida Mango Rd.

Suite, Apt. #, etc.

Ste 19

City & State

West Palm Beach, FL

Zip

33409

Country

U.S.

**3. Mailing Office Address**

Same

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 01-02

**4. Date Incorporated or Qualified  
To Do Business in Florida**

5/11/00

**5. FEI Number**

65-1017770

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

Mark L. Wolfson

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

1300 N. Florida Mango Rd.

Suite, Apt. #, Etc.

Ste 19

City

West Palm Beach

State

FL

Zip Code

33409

000005254288--0

-04/11/02--01058--007

\*\*\*\*300.00 \*\*\*\*300.00

**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

*Mark L. Wolfson*

REGISTERED AGENT MUST SIGN

Date 3/26/02

**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
Chair	Steven B. Wolfson	1300 N. Florida Mango Rd Ste 19	West Palm Beach, FL 33409
Pres.	Mark L. Wolfson	1300 N. Florida Mango Rd Ste 19	West Palm Beach, FL 33409

**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:

*Mark L. Wolfson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/02

Date

561-844-5552

Daytime Phone #

CR2E081 (9/01)