


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P01000041786			
1. Corporation Name UTILITY RESOURCE MANAGEMENT, INC.			
2. Principal Office Address 11100 SW 17th Manor		3. Mailing Office Address 11100 SW 17th Manor	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State DAVIE, FLORIDA		City & State DAVE, FLORIDA	
Zip 33324	Country USA	Zip 33324	Country USA
4. Date Incorporated or Qualified To Do Business in Florida April 2001		5. FEI Number 651156043	
		Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED		\$8.75 Additional Fee required for a Certificate of Status	

FILED
04 DEC 10 AM 11:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7. Name and Address of Current Registered Agent	
Name William S. Isenberg, Esq.	
Street Address (P.O. Box Number is Not Acceptable) 1216 SE 1 Ave	
Suite, Apt. #, Etc.	
City Fort Lauderdale	State FL
	Zip Code 33316

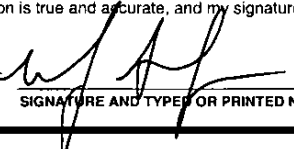
REINSTATEMENT B04

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 10/29/04
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/D	Michael Lind	11100 SW 17th Manor	Davie, Florida 33324

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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: 	10-29-04 561-445-7032
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #

CR2E081 (01/04)