

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

**02 032**

FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 NOV 14 AM 10:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000063510

1. Corporation Name

REGULATED UTILITY CONSULTANTS, INC.

Principal Place of Business

280 SW 63RD AVE.  
PLANTATION FL 33317

Mailing Address

280 SW 63RD AVE.  
PLANTATION FL 33317

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

06/26/2001

5. FEI Number

☒ Applied For

☐ Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)

Name of Officers  
and/or Directors

Street Address of Each  
Officer and/or Director

City / State / Zip

D/P

SALERNO, ROBERT

280 SW 63RD AVE.

PLANTATION FL 33317

D/T

TRUMBACH, ANDREW

6001 PALM TRACE LANDINGS DR., #2

DAVIE FL 33314

8. Name and Address of Current Registered Agent

SALERNO, ROBERT  
280 SW 63RD AVE.  
PLANTATION FL 33317

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

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

**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date

11/8/02

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 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 REQUIRED**  
ROBERT SALERNO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/8/02

Daytime Phone #

954-587-8933

CR2E040 (8/02)

Regulated Utility Consultants, Inc.  
280 SW 63<sup>rd</sup> Avenue  
Plantation, FL 33317

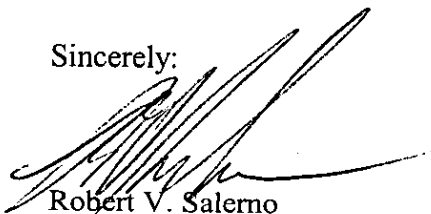
Florida Department of State  
Division of Corporations  
P.O. Box 6237  
Tallahassee, FL 32314

To Whom It May Concern:

Regulated Utility Consultants Inc. did not receive a prior UBR from the Department. We are therefore requesting a waiver of the reinstatement fee.

Please find enclosed check for \$150.00 to file this report without penalty.

Sincerely:

A handwritten signature in black ink, appearing to read 'R. Salerno', written over a horizontal line.

Robert V. Salerno  
President