

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 25 AM 11:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PD1600074723

1. Corporation Name

New Utility Company, Inc.

700008801647
11/05/02--01028--029 **150.00

2. Principal Office Address

290 NW 165th St.

Suite, Apt. #, etc.

Penthouse 2

City & State

North Miami Beach, FL

Zip

33169

Country

U.S.A.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

REINSTATEMENT 02

4. Date Incorporated or Qualified
To Do Business in Florida

7/30/2001

5. FEI Number

26-00102624

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒\$9.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Michael Linde

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

290 NW 165th St.

Suite, Apt. #, Etc.

Penthouse 2

City

North Miami Beach

State
FL

Zip Code

33169

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

REGISTERED AGENT MUST SIGN

Date 10/24/02

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
Pres/Sec	Michael Linde	290 NW 165th St. Penthouse 2	North Miami Beach, FL 33169

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

10/24/02 305947-5915

Date

Daytime Phone #