

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2006 OCT -5 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PO4000188131**

1. Corporation Name
United Transmission Service, INC.

2. Principal Office Address
12541 Metro Pkwy
Suite, Apt. #, etc.
215

3. Mailing Office Address
12541 Metro Pkwy
Suite, Apt. #, etc.
215

City & State
Fort Myers FL
Zip
FL 33912 Country
LEE

City & State
Fort Myers FL
Zip
33912 Country
LEE

CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida **8-16-2004/10604**

5. FEI Number **20-1799081** 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
John Lewis
Street Address (P.O. Box Number is Not Acceptable)
12541 Metro Pkwy
Suite, Apt. #, Etc.
215
City
Fort Myers FL State
FL Zip Code
33912

900080723259
10/21/06--01/02/07--006 **30.75

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 **John Lewis** Date **10-2-06**
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	John Lewis	12541 Metro Pkwy	Fort Myers FL 33912
V-P	Jagdish Hardath	12541 Metro Pkwy	Fort Myers FL 33912

REINSTATEMENT

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 contained in Chapter 119, 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

10-2-06 239-768-9711
Date Daytime Phone #

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John Lewis

United Transmission Service

12541 Metro Parkway, Suite # 15

Ft. Myers, FL 33912

(239) 768-9711

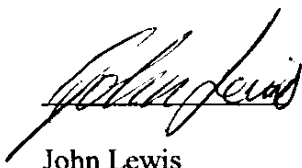
Fax: (239) 768-9150

October 2, 2006

To whom it may concern:

Please waiver the annual reinstatement fee for United Transmission Service, due to not receiving the annual report notice. Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read "John Lewis", written over a horizontal line.

John Lewis

(Owner/President)