

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000165405

1. Corporation Name

Community Utilities II, Inc

2. Principal Office Address - No P.O. Box #

4231 Kissimmee Park Rd

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

St Cloud, FL

City & State

FL

Zip

34772

Country

USA

Zip

FL

Country

USA

7. Name and Address of Current Registered Agent

Name

Frank Attkisson

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

4231 Kissimmee Park Rd

Suite, Apt. #, Etc.

City

St Cloud

State

FL

Zip Code

34772

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

Frank Attkisson

REGISTERED AGENT MUST SIGN

Date 10/29/07

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	Frank Attkisson	4231 Kissimmee Park Rd	St. Cloud, FL 34772

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:

Frank Attkisson Frank Attkisson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/29/07

Daytime Phone #

407 7098586

10/30

FILED

07 OCT 30 AM 10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

12/20/05

5. FEI Number

Applied For

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.