

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2019 NOV -5 AM 10:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P17000012606

1. Corporation Name

Solar Utilities Inc

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

6881 Kingspointe PKWY

3. Mailing Office Address

6881 KingsPointe PKWY

Suite, Apt. #, etc.

Suite 12

Suite, Apt. #, etc.

Suite 12

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32819

Country

USA

Zip

32819

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

02/06/2017

5. FET Number

81-5345967

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED
YES

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

THE LAW OFFICES OF NICK SPRADLIN, PLLC

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

2202 N. WEST SHORE BLVD.

Suite, Apt. #, etc.

#200

City

TAMPA

State

FL

Zip Code

33607

11/05/19-01001--022 \$750.00

800386661188
11/05/19-01001--022 \$750.00

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

11/1/19

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	DAVID REMINGTON	6881 Kingspointe Prky	ORLANDO FL 32819

10. E-mail Address:

NS@Nickspradlin.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.617.155, F.S.

SIGNATURE

David Remington

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/31/19

813-562-7781

Date

Daytime Phone

T MOORE

NOV 05 2019