

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 JAN 28 PM 4:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P92000008225**

1. Corporation Name

C & M UTILITIES APPLICATIONS, INC.

Principal Place of Business

PO BOX 3749
PLANT CITY FL 33564
US

Mailing Address

PO BOX 3749
PLANT CITY FL 33564
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

11/23/1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0377130

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	DE AMBROSE, SHERWOOD J.	2607 LAKEVIEW WAY	PLANT CITY FL 33564
V	NIERENBERG, ALAN B.	5012 SAN MIGUEL	TAMPA FL
V	HELLANDER, JOHN C.	955 HARBOR LAKE COURT	SAFETY HARBOR FL
ST	DE AMBROSE, SAMANTHA Lewis, Samantha D.	18310 AINTREE COURT 3307 W. Alline Ave	TAMPA FL
			600004884246--6 -02/07/02--01006--011 ***1350.00 ***1350.00

8. Name and Address of Current Registered Agent

DEAMBROSE, SAMANTHA J.
18310 AINTREE COURT
TAMPA FL 33647

9. Name and Address of New Registered Agent

Name

Samantha D. Lewis

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

3307 W. Alline Avenue

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33611

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.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date 1/25/02

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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
Samantha D. Lewis, Secretary

Date

Daytime Phone #

CR2E040 (9/98)