

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

96 DEC 26 PM 2:49

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P93000012618

1. Corporation Name

INTEGRATED UTILITIES GROUP, INC.

Principal Place of Business

C/O C. (KEES) W. CORSSMIT, PH.D.  
5200 DTC PARKWAY, S-530  
GREENWOOD VILLAGE CO 80111

Mailing Address

C/O C. (KEES) W. CORSSMIT, PH.D.  
5200 DTC PARKWAY, S-530  
GREENWOOD VILLAGE CO 80111

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

03/01/1993

5. FEI Number

84-1224442

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$87.75 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	KOSKI, ARTHUR C	4800 N FEDERAL HWY., S-205B	BOCA RATON FL 33431
PD	CORSSMIT, KEES	5445 DTC PARKWAY, STE. 1095 5200 530	GREENWOOD VILLAGE CO 80111
D	MATTHEWS, PAUL MATTHEWS	5445 DTC PARKWAY, STE 1095- 5200 530	GREENWOOD VILLAGE CO 80111
			7000002039657--1
			-12/27/96--01079--015
			****383.75 ****383.75

8. Name and Address of Current Registered Agent

~~KOSKI, ARTHUR C  
4800 N FEDERAL HWY.  
SUITE 205B  
BOCA RATON FL 33431~~

9. Name and Address of New Registered Agent

Name MATTHEWS, PATRICK D.

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

7108 TIMBER DRIVE

Suite, Apt. #, Etc.

City WINTER PARK

State FL

Zip Code 32792

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

*Patrick D. Matthews*  
REGISTERED AGENT MUST SIGN

Date 24 DEC 96

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/28/96

303/267-0200

Date

Daytime Phone #