

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P93000028281

1. Corporation Name

WORLD UTILITIES, INC.

Principal Place of Business

1500 NE 42ND ST  
POMPANO BEACH FL 33064  
US

Mailing Address

1500 NE 42ND ST  
POMPANO BEACH FL 33064  
US

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

2. New Principal Office Address, If Applicable

~~16088 East AIRTREE DRIVE~~

Suite, Apt. #, etc.

City & State

LOXAHATCHEE, FL

Zip

33470

Country

USA

3. New Mailing Office Address, If Applicable

~~16088 EAST AIRTREE DRIVE~~

Suite, Apt. #, etc.

City & State

LOXAHATCHEE, FL

Zip

33470

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

04/16/1993

5. FEI Number

65-0567590

Applied For

Not Applicable

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSTD	PARKE, NANCY	1500 NE 42ND ST 2241 SE 9th Ave	POMPANO BEACH FL 33064 GAINESVILLE, FL 32640
			200004721472--9 -12/13/01--01006--001 ****750.00 ****750.00
			200004721472--9 -12/13/01--01006--002 ****8.75 *****8.75

8. Name and Address of Current Registered Agent

PARKE, NANCY  
1500 NE 42ND ST  
POMPANO BEACH FL 33064

ADDRESS  
CHANGE  
ONLY

9. Name and Address of New Registered Agent

Name

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

2241 SE 9th Ave

Suite, Apt. #, Etc.

City

GAINESVILLE, FL

State

FL

Zip Code

32640

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

*Nancy J. Parke*  
REGISTERED AGENT MUST SIGN

Date

10/27/01

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., 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:

*Nancy J. Parke*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/27/01 352258-0259

Daytime Phone #