

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| CORPORATION REINSTATEMENT | | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
|---|-----------------------------------|---|--------------------------------|
| DOCUMENT # P95000011576 | | | |
| 1. Corporation Name PANTHER UTILITIES, INC. P95000011576 | | | |
| 2. Principal Office Address 905 BARNETT DR Suite, Apt. #, etc. | | 3. Mailing Office Address 1732 S. CONGRESS AVE. Suite, Apt. #, etc. | |
| City & State LAKE WORTH, FL. | | City & State PALM SPRINGS, FL. | |
| Zip 33461 | Country U.S. | Zip 33461 | Country U.S. |
| 4. Date Incorporated or Qualified To Do Business in Florida 1995 | | 5. FEI Number 65-0554526 | |
| 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> | | Applied For Not Applicable | |
| | | S8.75 Additional Fee, required for a Certificate of Status | |
| 7. Name and Address of Current Registered Agent | | | |
| Name FRANZ FAURE | | | |
| Street Address (P.O. Box Number is Not Acceptable) 323 DARTMOUTH DR | | | |
| Suite, Apt. #, Etc. | | | |
| City LAKE WORTH | | State FL | Zip Code 33460 |
| 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 [Signature] | | Date 11/21/00 | |
| REGISTERED AGENT MUST SIGN | | | |
| 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 |
| PRES | BRUCE FAURE JR | 1744 CARAMBOLA RD. | WEST PALM BCH, FL 33406 |
| SEC / TR | FRANZ FAURE | 323 DARTMOUTH DR | LAKE WORTH, FL 33460 |
| | | | |
| | | | |
| | | | |
| 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 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] | | Date 11/21/00 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR BRUCE FAURE JR | | Daytime Phone # 561-533-8745 | |

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC 21 PM 4:20

REINSTATEMENT

CR2E081 (9/99)