APPLICATION FOR 96-98 REINSTATEMENT

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

APPROVED AND FILED

98 FEB -2 AM 11:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000066855

1. Corporation Name

DACRE BROTHERS UTILITIES, INC.

Principal Place of Business	Mailing Address
340 Pickering Court Longwood, FL 32779	SAME

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

2. New Principal Office Address, If Applicable N/A	3. New Mailing Office Address, If Applicable N/A	4. Date Incorporated or Qualified To Do Business in Florida 8-26-95	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number 59-3338557	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	Arthur Dacre	340 Pickering Court	Longwood, FL 32779
			600002423446--4 -02/06/98--01037--003 ***1050.00 ***1050.00
			REINSTATEMENT 96-98
			Q. alan
			2/2/98

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
Arthur Dacre 340 Pickering Court Longwood, FL 32779	Name
	Street Address (P.O. Box Number Is Not Acceptable)
	Suite, Apt. #, Etc.
	City / State FL / Zip Code

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 _____
REGISTERED AGENT MUST SIGN

Date 1-30-98

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: _____ ARTHUR DACRE _____ 1-30-98 _____ 407-862-6003 _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #

CR2E040 (8/97)