PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT	#pa5000074530
1. Corporation Name	MILL

Silver Sands Utility, Inc.

FILED 97 FEB 25 AM II: 46

SECRETARY OF STATE

Principal Place of Busine	ess	Mailing Addr	ess	·		TALL	ANASSEE, FEUNIUA	
\	ont Beach Rd. ty Beach, Fl	-			·		•	
Panama Ci	ty Beach, Fl	orida	32407	7				
					F3 F	INIOTA	TERRESTO	1.00
If above addresses are incorrect in any way, line through incorrect information a					rrection bel	IN218	HEWEN 19	0-61
2. New Principal Office	ew Principal Office Address, If Applicable 3. New Mail			ing Once Address, it Applicatio 4. [orated or Qualified less in Florida	7 1005
Suite, Apt. #, etc.	, etc. Suite, Apt. #			, etc.			September 2	Applied For
City & State		City & State			59-3359152 Not Applicable			
Ζιp	Country	Zτρ	Country			6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status		
7. Names and Street Ac	Idresses of Each Officer and/	or Director (Flo	rida nonprof	it corporation	ons must list at lea	ast 3 directors)		
Title(s)	Name of Officers and/or Directors		3 (Do	Offic	it Address of Each er and/or Director Post Office Box N	•	City / Sta	ite / Zip
Pres. Wesl	ey M. Levins		10510	From	nt Beach	Rd.#157	Panama City	, Fl. 32407
V/D D.D.	D.D. Mashburn 6			6741 Camp Flowers Rd.			Youngstown,	F1. 32466
s/r/p Steve	R. Conway	Conway 316 L			n Place		Lynn Haven,	F1. 32444
['] D Rober	p Robert L. Rose			1107 Friendship Ave.			Panama City	, Fl. 32401
						l		
							A 2	12097
8. Name and Address of Current Registered Agent				9. Name and Address of New Hogistered Agent				
Wooley M. Levine				Name 000002099400				4000
Wesley M. Levins 10510 Front Beach Rd. #157				Street Address (P.O. Box Number is Not Agentable 23 75 未来来923			****923.75	
10510 Front Beach Rd. #157 Panama City Beach, Fl. 32407			7	Suite, Apt. #, Etc.				
7							····	
	,				City		State FL	Zip Code
. I, being appointed th	e registered agent of the abo	ve named corpo	oration, am fa	amiliar with	and accept the of	oligations of Section	on 607.0505, F.S.	
Signature of Registered Agent	Vas M	GISTERED AG	ENT MUST	SIGN			Date	97
11. Does this Dept. of R	corporation pay a evenue under S.	ny intang 199.032,	ible tax Florida	to the	es. Yes	J No.⊠	(See other side	o for information gible 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 filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 807.0401 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:	Wesley M. Lev	/ins	Marina OFFI	OEP OR DIE	LES REPOTOR	2	.13-97 (904)	234-7896