

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 MAR 18 PM 2:18

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

400120761504
03/19/08--01040--019 **600.00

DOCUMENT # P98000094176

1. Corporation Name

UNITED UTILITY SERVICE, INC.
1116 SOUTH LAKE STARR BLVD
LAKE WALES, FL 33898

2. Principal Office Address - No P.O. Box #

--1116 SOUTH-LAKE-STARR --

Suite, Apt. #, etc.

City & State

LAKE WALES, FL

Zip Country

33898

US

3. Mailing Office Address

--1116-SOUTH-LAKE STARR

Suite, Apt. #, etc.

City & State

LAKE WALES, FL

Zip Country

33898

US

REINSTATEMENT 05-08

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

59-3541316

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

TIMOTHY O'CONNOR

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

1116 SOUTH LAKE STARR BLVD

Suite, Apt. #, Etc.

City

LAKE WALES

State

FL

Zip Code

33898

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Timothy J. O'Connor
REGISTERED AGENT MUST SIGN

Date **3-14-08**

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
PTD	TIMOTHY O'CONNOR	1116 SOUTH LAKE STARR BLVD	LAKE WALES, FL 33898
SVD	CATHERINE R. O'CONNOR	1116 SOUTH LAKE STARR BLVD	LAKE WALES, FL 33898

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 contained in Chapter 119, 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:

Timothy J. O'Connor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-08

Date

Daytime Phone #

UNTIED UTILITIES SERVICES, INC.

1116 SOUTH LAKE STARR BLVD
LAKE WALES, FL 33898

March 14, 2008

RE: P98000094176
Corporation Reinstatement

To Whom It May Concern,

Please find attached my corporation reinstatement form and a check for \$600.00. The amount enclosed should cover the incorporation fees for the years of 2005, 2006, 2007 & 2008. I also would like to take this opportunity to respectfully request that the Reinstatement Fee be waived. I never received my corporate renewal card in the mail.

Sincerely,

Timothy J. O'Connor