

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 OCT 24 PM 3:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000006308

1. Corporation Name

Alliance Utilities, Inc.

2. Principal Office Address

1204 Corvette Ave

Suite, Apt. #, etc.

City & State

Sebring, FL

Zip

33872

Country

United States

3. Mailing Office Address

1816 St. Johns Bluff Rd S

Suite, Apt. #, etc.

104

City & State

Jacksonville, FL

Zip

32246

Country

United States

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

5. FEI Number

59-3552387

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

Vincent G. DiSimone

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

1204 Corvette Ave

Suite, Apt. #, Etc.

City

Sebring

State

FL

Zip Code

33872

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

Vincent G. DiSimone
REGISTERED AGENT MUST SIGN

Date 10/23/00

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
P	Vincent G DiSimone	146 SW 66th Avenue	Miami, FL 33159
V	William Gallo	PO BOX 1552	Sebring, FL 33871

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:

Vincent G. DiSimone President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Vincent DiSimone

Date

10/23/00 (904)998-1883
Daytime Phone #

ALLIANCE UTILITIES, INC.

1816 S. Saint Johns Bluff Rd
Jacksonville, FL 32246
United States

Phone 904-998-1883
Fax 208-723-7279

October 23, 2000

Department Of State
Division Of Corporations
409 East Gaines Street
Tallahassee, FL 32399

To Whom it May Concern:

Alliance Utilities, Inc. never received the Annual Report. When calling your office I spoke with L. Sellers who instructed me that she would send the forms to me and that I need to include a check for \$150.00 Enclosed you will find said check along with application. Should you need any further information please give me a call. Thank you for your assistance in this matter.

Sincerely,


Vincent DiSimone