

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 MAY -1 PM 2:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P990000071181

1. Corporation Name

CONSUMER UTILITY CONSULTANTS INC.

2. Principal Office Address

1515 UNIVERSITY DR
Suite, Apt. #, etc.
#206

City & State
CORAL SPRINGS FL.
Zip
33071
Country
BROWARD

3. Mailing Office Address

8760 AZALEA CT
Suite, Apt. #, etc.
#202

City & State
TAMARAC FL.
Zip
33321
Country
BROWARD

4. Date Incorporated or Qualified
To Do Business in Florida

8-11-1999

5. FEI Number

65-0939853

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

2000-2001 UBR

7. Name and Address of Current Registered Agent

Name
LAWRENCE BASS

Street Address (P.O. Box Number is Not Acceptable)
8760 AZALEA CT. #202

Suite, Apt. #, Etc.
#202

City
TAMARAC

State
FL

Zip Code
33321

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

Lawrence Bass

Date
4-30-01

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida non-profit 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	ROBERT LANDRY	4366 ACACIA CIR	COCONUT CREEK FL. 33066
Secy	LAWRENCE BASS	8760 AZALEA CT #202	TAMARAC FL. 33321

900004275379-9
-05/21/01--01203--014
****300.00 ****300.00

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, that all fees owed by the corporation have been paid and the names of individuals listed on this application are true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Lawrence Bass

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secy / AGENT

4-30-01

Date

954-575-6212

Daytime Phone #

CR2E081 (9/00)

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**CONSUMER UTILITY CONSUTANTS
1515 UNIVERSITY DR.
SUITE 206
CORAL SPRINGS, FL. 33071
PHONE(954) 575-6212 FAX(954) 575-6209**

To whom it may concern,

We failed to renew our Corporation because we changed Address and Agent, and we never received the renewal forms to file. We are enclosing a check for \$300.00 to cover reinstatement. Please note our new address.

Thank-you,



**Lawrence Bass
Secretary**