
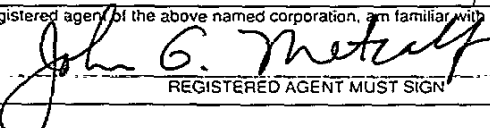


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS	FILED  99 JAN 13 PM 12:59  SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<b>DOCUMENT #</b> S58962				
1. Corporation Name  NORTHWEST UTILITY II, INC.				
Mailing Address		Principal Place of Business		
2395 INTERNATIONAL GOLF PKWY S-250		ST. AUGUSTINE, FL 32095		
<b>REINSTATEMENT</b>				
If above addresses are incorrect in any way, line through incorrect information and enter correction below.				
2. New Mailing Address, If Applicable		3. New Principal Office Address, If Applicable		
101 E. Town Place		101 E. Town Place		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
Suite 200		Suite 200		
City & State		City & State		
St. Augustine, FL		St. Augustine, FL		
Zip	Country	Zip	Country	
32092	St. Johns	32092	St. Johns	
4. Date Incorporated or Qualified To Do Business in Florida		5. FEI Number		
6/7/91		59-3131182		
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> YES		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>		
		<b>\$8.75 Additional Fee required for a Certificate of Status</b>		
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)				
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City : State : Zip	
D/P/VP	Louis Baioni	101 E. Town Place, Ste 200 St. Augustine, FL 32092	St. Augustine, FL 32092	
VP	James E. Davidson	101 E. Town Place, Ste 200 St. Augustine, FL 32092	St. Augustine, FL 32092	
S/T	Ed Gil	101 E. Town Place, Ste 200 St. Augustine, FL 32092	St. Augustine, FL 32092	
688882746376-8 -01/20/99-01003-013 ****908.75 ****908.75				
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent		
M. Lynn Pappas 3301 Independent Square Jacksonville, FL 32202		Name John G. Metcalf Street Address (P.O. Box Number is Not Acceptable) 200 West Forsyth Street, Suite 1400 Suite, Apt. #, Etc. Suite 1400 City Jacksonville State FL Zip Code 32202		
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		Date		
		1/12/99		
REGISTERED AGENT MUST SIGN				
11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box <input type="checkbox"/> (See other side for additional information)				
12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax)				
13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:		Ed Gil		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		
		1/12/99		
		904.940.5050		
		Daytime Phone #		