

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 FEB -9 AM 9:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 564783

**1. Corporation Name**

Southern Utility Company Inc.

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

2401 West Herman St.

Suite, Apt. #, etc.

City & State

Pensacola, Florida

Zip

32505

Country

Escambia

**3. Mailing Office Address**

P.O. Box 2055

Suite, Apt. #, etc.

City & State

Pensacola Florida

Zip

32513

Country

Escambia

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

6/26/91

**5. FEI Number**

59-307 6674

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$6.75 Additional Fee required  
for a Certificate of Status

CR2E081 (1/07)

**7. Name and Address of Current Registered Agent**

Name

Betty Christine Harris

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

3219 Cornell Drive

Suite, Apt. #, Etc.

City

Gulf Breeze

State

FL

Zip Code

32563

☒ 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

Betty Christine Harris

REGISTERED AGENT MUST SIGN

Date 2-7-07

**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
D	William Denton Harris	3219 Cornell Drive	Gulf Breeze, FL 32563
S	Sheila A. Bryson	4436 Nora Ave	Pace, FL 32571
		B. 2/13/07	
		REINSTATEMENT 05-07	

**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:

W. D. Harris

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-07

Date

850-438-1222

Daytime Phone #