

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS APPLICATION

APPROVED AND FILED 081982

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1997 JUN 25 PM 1:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V44930

1. Corporation Name

BAYOU UTILITY CROSSING SERVICE, INC.

Principal Place of Business

16044 HWY 20 WEST
NICEVILLE, FL
32578

Mailing Address

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3128598

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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
PD	PRICE, BRUCE K.	ROUTE 1 BOX 110 A-1 FREEPORT, FL.	FREEPORT, FL. 32439
VD	PRICE, STAN D.	1865 EDGE AVE.	NICEVILLE, FL. 32578
VD	SIMS, PAUL G.	319B GLEN AVE.	VALPARAISO, FL. 32580
ST	SIMS, JOHN C.	110 AUCILLA COVE	VALPARAISO, FL. 32580

8. Name and Address of Current Registered Agent

DOUGLAS A. HUTCHESON
501 MARY ESTHER CUTOFF
UNIT 1
FORT WATSON BEACH, FL.
32548

9. Name and Address of New Registered Agent

Name

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

900002225189--7

Suite, Apt. #, Etc.

-06/27/97--01094--001

City

****365.00

State

Zip Code

FL

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

REGISTERED AGENT MUST SIGN

Date

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/20/97
Date

904-678-6095
Daytime Phone #

032E040 (12/96)

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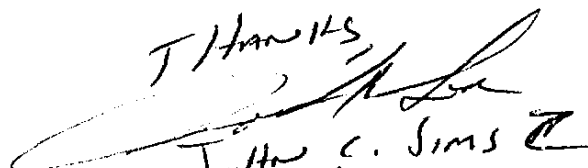
BAYOU UTILITY GRASSING SERVICE, INC.

P.O. BOX 217
VALPARAISO, FLORIDA 32580
678-4522
EIN 59-3128598

Re: 197A00026551

Dear Stacy,

Due to the 911 change of address our
past due annual report has been lost along with
the check. Please find enclosed our check # 532
in the amount of \$365.00. As per our phone
conversation, this should bring us current.
Please let me know if I may be of any
further assistance

T/Thanks,

John C. Sims
Sec/Treas.