PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED 98192

1997 JUN 25 PM 1:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT

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

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
Suite, Apt. #, etc.
City & State
Zip | Country

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

4. Date Incorporated or Qualified To Do Business in Florida 1992

5. FEI Number 59-3128598 ☐ Applied For ☐ Not Applicable

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 EGGER AVE.	NICEVILLE, FL. 32578
VD	SIMS, PAUL G.	319B GLEN AVE.	VALPARAISO, FL. 32580
ST	SIMS, JOHN C.	110 AUCILLA COVE	VALPARAISO, FL. 32580

HSP 6/25/97

8. Name and Address of Current Registered Agent
DOUGLAS A. HUTCHESON
501 MARY ESTHER CUTOFF
UNIT 1
FORT WALTON BEACH, FL
32548

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State FL | Zip Code

900002225189--7
-06/27/97--01094--001
****365.00 ****365.00

CR2E040 (12/96)

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 _____
REGISTERED AGENT MUST SIGN

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: _____ 6/20/97 904-678-6095
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

498282

BAYOU UTILITY GRASSING SERVICE, INC.

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

RE: 197A000260551

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

Thanks,

John C. Sims
Sec/Treas.