

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850) 617-6384

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

**CORPORATION REINSTATEMENT**  
**NEW SOUTH ELECTRICAL CONSTRUCTORS, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$1,200.00

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS**

FILED  
12 MAY 17 PM 3:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P02000005738**

1. Corporation Name

New South Electrical Constructors, Inc.

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

837 South Main Street

Suite, Apt. #, etc.

City & State

Troutman, NC

Zip

28166

Country

USA

3. Mailing Office Address

P.O. Box 1050

Suite, Apt. #, etc.

City & State

Troutman, NC

Zip

28166

Country

USA

**REINSTATEMENT 09-12**

CR28081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida 11/15/2002

5. FEI Number

56-1471460

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

§ 7.0 Application of Corporation  
For a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

B. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of  
Registered Agent

*Michael Scraphin* Michael Scraphin Asst. Secretary

Date 6/17/2012

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Clinton Lynn Sherrill	837 South Main Street	Troutman, NC 28166
VP/Sec	Bobby Lewis Morrison Jr.	837 South Main Street	Troutman, NC 28166
Treas	Nancy Susan Fitts	837 South Main Street	Troutman, NC 28166

10. E-mail Address: nancy@newsouthelec.com

(To be used for future annual report notification)

11. 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, this 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. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

*Bobby Lewis Morrison Jr.*

VPres/Sec

May 17, 2012

704-528-5347

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #