

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 FEB 28 PM 3:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L 83976

1. Corporation Name  
Bern Brite Electric Corp  
W00-4075

2. Principal Office Address  
6545 NW 11 ST

3. Mailing Office Address  
6545 NW 11 ST

Suite, Apt. #, etc.  
MARGATE FL

Suite, Apt. #, etc.  
MARGATE FL

City & State

City & State

Zip Country  
33063 BROWARD

Zip Country  
33063 BROWARD

REINSTATEMENT 98-00

4. Date Incorporated or Qualified To Do Business in Florida  
6.28.1990

5. FEI Number  
650205825

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
Bernell G Brown

Street Address (P.O. Box Number is Not Acceptable)  
6545 NW 11 ST

Suite, Apt. #, Etc.  
MARGATE FL - 33063

City State Zip Code  
FL

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  
Bernell G Brown

Date  
2.25.2000

REGISTERED AGENT MUST SIGN

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 |
|--------|-----------------------------------|--|--------------------|
| Pres.  | Bernell G Brown                   | 6545 NW 11 ST                                  | MARGATE FL 33063   |
|        |                                   |  |                    |
|        |                                   |  |                    |
|        |                                   |  |                    |

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\*\*\*1050.00 \*\*\*1050.00

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 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: Bernell G Brown  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(2.25.2000) 954  
Date Daytime Phone # 9683171

CR2E081 (9/99)