PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.		
THE STATE OF THE S		FILED
REINSTATEMENT	A DEPARTMENT OF STATE Secretary of State vision of corporations	03 OCT 28 PM I2: 48
DOCUMENT# L83976		SECHE ANY OF STATE FALLAHASSEE FLORIDA
1. Corporation Name		
Bern Brite ElecTRIC	COFP.	
	Office Address	REINSTATTVIENT 07
4 VAlenicia Lame 4 VA	lencia LANE	
(Calle, 7.92. #, 500.	-	4. Date Incorporated or Qualified To Do Business in Florida
City & State City & State		5. FEI Number Applied For
Nort Saint Lucie H Ports	AiNT Lucie F1	6502-0582-8- Not Applicable
34952 USA 3495	•	CERTIFICATE OF STATUS DESIRED CONTROL
7. Name and Address of Current Registered Agent		
, Name Beruell Broom	w.M	
Street Address (P.O. Box Number is Not Acceptable)		400024188424
Y VALENCIA CANE 10/28/03-01013-018 **150.0		
City /		State Zip Code
City PT. ST. Lucie		FL 34952
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 Date 10: 20: 03		
REGISTERED AGENT MUST SIGN		
Names and Street Addresses of Each Officer and/or Director (Fig. 8) Name of	lorida nonprofit corporations must list at lea	
Titles Officers and/or Directors	Officer and/or Director	City / State / Zip
Pres Bernevi Blown	4 VALONCIA LA	we Pt. St. Lucie 1-134952
Pres Botalett Brown -	GVALENCIA LA	We Pt. St. Lucie T-134952
Pres BANAM BLOWN	4 VALENCIA LA	We 1.5t. Lycie F/3495=
Pres Boinsen Brown	4 UNLENCIA L	AND P.ST. Lucie F/34952
Pres Bolmen BLOUSH	4 VALENCIA L	ALLO Pt. St. Lucie F/34952
Pres Bolden Polowy	YVALONCIA LA	We Pt. St. Lucie F/34952
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:

Bern Brite Electric Corporation ELECTRICAL SONTRACTORS

10.22.03

Department OF STATE DIVISION OF Corporations TALLAH. BOCHMENT # L83976

DEAT SIF OF MADAM.

MY NAME IS BETHEIL Brown

I AM NO LIVING AT MY Previous NO.

MORE I MOVE AND DURING MY MOVING

TWICE I DID NOT receive MY CorporATE

DOCUMENT.

My New ADress is.

4 VALENCIA LANG POST SAINT Lucie F1 34952

ENCLOSED IS A CHECK FOR \$150.

AS I WAS TOLD WITH MY APPLICATION AND

MY LETTER

4 VALENCIA LANE RT.ST. F134952 772344 4974

THANK YOU Bonell Bour