

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 JAN 26 AM 10:28

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P00000008827

1. Corporation Name
Chap Electric, Inc.

2. Principal Office Address
530 S. Hampton Avenue
Suite, Apt. #, etc.

3. Mailing Office Address
530 S. Hampton Avenue
Suite, Apt. #, etc.

City & State
Orlando, FL

City & State
Orlando, FL

Zip Country
32803 USA

Zip Country
32803 USA

4. Date Incorporated or Qualified To Do Business in Florida 01/20/2000

5. FEI Number 59-3626892 Applied For Not Applicable

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

REINSTATEMENT 02-04

7. Name and Address of Current Registered Agent

Name
Richard C. Chap

Street Address (P.O. Box Number is Not Acceptable)
530 S. Hampton Avenue

Suite, Apt. #, Etc.

City
Orlando

State
FL

Zip Code
32803

300027604613
01/26/04--01071--004 **1050.00

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 Richard C. Chap Date 1/22/04

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 |
|---------|-----------------------------------|--|--------------------|
| D/P/S/T | Richard C. Chap | 530 S. Hampton Avenue | Orlando, FL 32803 |
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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: Richard C. Chap Richard C. Chap, President 1/22/04 407-894-9582

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (10/02)