

2012 FOR PROFIT CORPORATION REINSTATEMENT

FILED

12 APR 10 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P03000126830

1. Entity Name
COMPETITIVE ELECTRIC, INC.

Principal Place of Business 829 FLORAL ST TALLAHASSEE, FL 32310	Mailing Address 829 FLORAL ST TALLAHASSEE, FL 32310
---	---

2. Principal Place of Business - No P.O. Box # 513 OAKALOSA ST	3. Mailing Address 513 OAKALOSA ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.



04092012 REIN-P CR2E098 (12/11)

City & State Tallahassee FL	City & State Tallahassee FL
Zip 32310	Country U.S.
Zip 32310	Country U.S.

4. FEI Number 59-3776525	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

ALL FLORIDA FIRM INC
813 DELTONA BLVD.
STE. A
DELTONA, FL 32725

7. Name and Address of New Registered Agent

Name **John F. Austin Jr**

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

City **Tallahassee** FL Zip Code **32310**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PT	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	AUSTIN, JOHN F JR			NAME			
STREET ADDRESS	829 FLORAL ST			STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE, FL 32310			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

100228131401

04/10/12--01005--002 **\$900.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ DATE _____ E-MAIL ADDRESS _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STH