

**2004 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P03000131580

**FILED  
Oct 19, 2004  
Secretary of State**

**Entity Name:** XTREME ELECTRICAL SERVICES OF ORLANDO, INC.

**Current Principal Place of Business:**

120 NORTH ALDERWOOD STREET  
WINTER SPRINGS, FL 32708 US

**New Principal Place of Business:**

**Current Mailing Address:**

120 NORTH ALDERWOOD STREET  
WINTER SPRINGS, FL 32708 US

**New Mailing Address:**

**FEI Number:** 73-1685652      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BING, LUISA  
120 NORTH ALDERWOOD STREET  
WINTER SPRINGS, FL 32708 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P/T ( ) Delete  
Name: LUISA, BING  
Address: 120 NORTH ALDERWOOD STREET  
City-St-Zip: WINTER GARDEN, FL 32708 US

Title: V/S ( ) Delete  
Name: JAMES, GLOVER R  
Address: 894 SUPERIOR STREET  
City-St-Zip: DELTONA, FL 32725 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUISA BING

P/T

10/19/2004

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date