

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000027209

1. Corporation Name

HART ELECTRICAL CONSTRUCTION, INC.

Principal Place of Business

14209 COBRA WAY
HUDSON FL 34669

Mailing Address

14209 COBRA WAY
HUDSON FL 34669

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable

3662 S. Hwy 301

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

3662 S Hwy 301

Suite, Apt. #, etc.

City & State

Bushnell FL

Zip

33513

Country

Sumter

City & State

Bushnell FL

Zip

33513

Country

Sumter

REINSTATEMENT 08-99

4. Date Incorporated or Qualified
To Do Business in Florida

03/21/1997

5. FEI Number

58-2314006

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	ANGARANO, ROBERTA L	14209 COBRA WAY	HUDSON FL 34669

8. Name and Address of Current Registered Agent

ANGARANO, ROBERTA L
14209 COBRA WAY
HUDSON FL 34669

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Roberta L Angarano
REGISTERED AGENT MUST SIGN

Date 2/17/99

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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:

Roberta L Angarano
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/99

(352) 793-5006

CR2E040 (9/98)