


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 01 OCT 26 PM 2:33

DOCUMENT # **P930000 37085**

1. Corporation Name  
**Aaron's Electric Service**  
**Aaron's Electric Inc**  
**P.O. Box 662**  
**S.P. FL 32328**

2. Principal Office Address  
**747 N Ridge Rd**  
 Suite, Apt. #, etc.

3. Mailing Office Address  
**P.O. Box 679**  
 Suite, Apt. #, etc.

City & State  
**E.P. FL**

City & State  
**E.P. FL**

Zip Country  
**32328 Franklin**

Zip Country  
**32328 Franklin**

REINSTATEMENT **94-01**

4. Date incorporated or Qualified To Do Business in Florida

5. FEI Number  
**59-3446470**  Applied For  
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$6.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
**Aaron C Hippensteel II**

Street Address (P.O. Box Number is Not Acceptable)  
**747 N Ridge Eastpoint FL**

City  
**Eastpoint FL**

State Zip Code  
**FL 32328**

11/14/01 01013-09  
 \*\*\*1050.00 \*\*\*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 **[Signature]** Date **10-23-01**

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
Vice Pres	<b>Brad Stuver</b>	<b>743 Ridge Rd E.</b>	<b>S.P. FL 32328</b>
Officer	<b>Chris Gragg</b>	<b>516 Oyster Rd</b>	<b>Apalachicola FL 32320</b>
Pres	<b>Aaron Hippensteel</b>	<b>747 Ridge Rd</b>	<b>E.P. FL 32328</b>

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: **[Signature]** Date **10-23-01** Daytime Phone # **670-4508**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2501 (8/00)