

1092

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 SEP 29 PM 12:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000006863

1. Corporation Name
STATEWIDE ELECTRICAL SERVICES, INC

2. Principal Office Address
7588 W. 33RD LANE

3. Mailing Office Address
7588 W. 33RD LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
HIALEAH, FL.

City & State
HIALEAH, FL.

Zip Country
33018 USA

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33018 USA

4. Date Incorporated or Qualified
To Do Business in Florida
1/26/99

5. FEI Number
65-0888796

Applied For
Not Applicable

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

4BR

03

7. Name and Address of Current Registered Agent

Name
MELO, NOEL

Street Address (P.O. Box Number is Not Acceptable)
7588 W. 33RD LANE

100023419891

09/30/03--01024--005 **150.00

Suite, Apt. #, Etc.

City
HIALEAH

State
FL

Zip Code
33018

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

Date 9/26/03

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
PTSD	MELO, NOEL	7588 W. 33 LANE	HIALEAH, FL 33018
VPD	FERNANDEZ, CARLOS A.	7588 W. 33 LANE	HIALEAH, FL 33018
VP	MELO, NELSON	7588 W. 33 LANE	HIALEAH, FL 33018

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/26/03

Date

Daytime Phone #

(305)592-6965

CR2E081 (10/02)

83

2082

STATEWIDE ELECTRICAL SVCS, INC.

QUALIFIED ELECTRICAL CONTRACTORS • RESIDENTIAL • COMERCIAL • INDUSTRIAL
ER# 0014821 • CC# 99E000055 • CC# 01-CME-1981-R

September 26, 2003

Department of State
Division of Corporations
P.O. Box #6327
Tallahassee, Fl. 32314

Name of Entity :Statewide Electrical Services, Inc.
Document Number #P99000006863

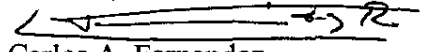
To Whom It May Concern:

I recently found out that the above mentioned corporation had been dissolved.
I never received the renewal form nor the reminder of renewal.

Please reinstate the above mentioned corporation , attached is the payment of \$150.00

If I can` be of any further assistance , feel free to contact me

Sincerely,



Carlos A. Fernandez
Vice President