

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

01 APR -5 PM 3:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000040799

1. Corporation Name

L. RICHARDSON ELECTRIC, INC.

Principal Place of Business

2304 WEST BROAD STREET  
TAMPA FL 33604

Mailing Address

2304 WEST BROAD STREET  
TAMPA FL 33604

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

REINSTATEMENT 00-01

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

05/05/1999

5. FEI Number

59-3693114

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	4 City / State / Zip
P	RICHARDSON, LISA B	2304 WEST BROAD STREET	TAMPA FL 33604
V	POGORZELSKI, NORA A	2304 WEST BROAD STREET	TAMPA FL 33604

800004064268--0  
04/24/01 01086 001  
\*\*\*\*900.00 \*\*\*\*900.00

8. Name and Address of Current Registered Agent

VESCHIO, VICTOR H  
3105 W. WATERS AVE. STE. 204  
TAMPA FL 33614

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

*[Signature]* SIGNATURE REQUIRED

Date 3/28/01

REGISTERED AGENT MUST SIGN

11. 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]* Lisa B Richardson 3-28-01  
813-917-8201  
Nora A Pogorzelski 813-917-8200  
Date 3-28-01 Daytime Phone #

CR2E040 (8/00)