

2012 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000126830

1. Entity Name
COMPETITIVE ELECTRIC, INC.



Principal Place of Business
829 FLORAL ST
TALLAHASSEE, FL 32310

Mailing Address
829 FLORAL ST
TALLAHASSEE, FL 32310

2. Principal Place of Business - No P.O. Box #
513 OAKALLOOSA ST
Suite, Apt. #, etc.

3. Mailing Address
513 OAKALLOOSA ST
Suite, Apt. #, etc.

City & State
Tallahassee FL
Zip
32310
Country
U.S.

City & State
Tallahassee FL
Zip
32310
Country
U.S.

04092012 REIN-P CR2E098 (12/11)

4. FEI Number
59-3776525
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ALL FLORIDA FIRM INC
813 DELTONA BLVD.
STE. A
DELTONA, FL 32725

7. Name and Address of New Registered Agent
Name
John F. Austin Jr
Street Address (P.O. Box Number is Not Acceptable)
513 OAKALLOOSA ST
City
Tallahassee FL Zip Code
32310

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

TITLE
NAME PT
STREET ADDRESS AUSTIN, JOHN F JR
CITY - ST - ZIP 829 FLORAL ST
TALLAHASSEE, FL 32310 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition
100228131401
04/10/12--01005--002 **\$900.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

E-MAIL ADDRESS