PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
03 NOV 10 PM 3:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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11/26/03--01029--024 **900.00

REINSTATEMENT 02-03

DOCUMENT # 367475

1. Corporation Name

TEAGAN ELECTRIC, INC.

2. Principal Office Address	3. Mailing Office Address
74 Maple Street BHR	74 Maple Street BHR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Okeechobee, FL 34974	City & State: Okeechobee, FL 34974
Zip: 34974 Country: Glades	Zip: 34974 Country: Glades

4. Date Incorporated or Qualified To Do Business In Florida: 07/24/1970

5. FEI Number: 591298018 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee Required for a Certified Copy of Status

7. Name and Address of Current Registered Agent

Name: Robert Teagan

Street Address (P.O. Box Number Is Not Acceptable): 74 Maple Street BHR

Suite, Apt. #, Etc.:

City: Okeechobee | State: FL | Zip Code: 34974

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: Robert F. Teagan Date: 11/13/03
REGISTERED AGENT MUST SIGN

CR2E061 (9/01)

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
PST	Robert Teagan	74 Maple Street, BHR	Okeechobee, FL 34974

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: Robert F. Teagan Robert Teagan, President 11/13/03 (863) 763-5445
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #