

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 DEC 15 PM 1:42

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

St John & Son Electric Co
422647

2. Principal Office Address - No P.O. Box #

186 Coleman St
Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 520455
Suite, Apt. #, etc.

City & State

Edgewater FL
Zip Country
32141 Volusia

City & State

Longwood FL
Zip Country
32752 Seminole

4. Date Incorporated or Qualified
To Do Business in Florida

4-3-73

5. FEI Number

59-2430288

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

William J St. John

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

186 Coleman St.

Suite, Apt. #, Etc.

City

Edgewater

State

FL

Zip Code

32141

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 617.0503, F.S.

Signature of
Registered Agent

William J St. John

Date 11-28-08

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
Pres	William St John	186 Coleman St	Edgewater FL 32141
S	Bonita St John Rogers	811 Van Ness Cir	Longwood FL 32750

12/01/08--01062--023 **150.00

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 contained in Chapter 119, 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:

Bonita St John Rogers

11-28-08

Date

321-303-5390

Daytime Phone #