

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 NOV 22 PM 1:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 438764

1. Corporation Name

CURRY INSTRUMENT AND ELECTRICAL SERVICE, INC.

2. Principal Office Address

1019 PIPKIN ROAD

Suite, Apt. #, etc.

City & State

LAKELAND, FLORIDA

Zip

33811

Country

USA

3. Mailing Office Address

P.O. BOX 5408

Suite, Apt. #, etc.

City & State

LAKELAND, FLORIDA

Zip

33807

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/24/73

5. FEI Number

591494533

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 02

7. Name and Address of Current Registered Agent

Name

DAVID L. CURRY

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

1019 PIPKIN ROAD

Suite, Apt. #, Etc.

City

LAKELAND

State
FL

Zip Code

33811

600009151026

11/21/02 01071 015 **1501.00

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

REGISTERED AGENT MUST SIGN

Date 11/18/02

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.	DAVID L. CURRY	1102 LAKEPOINT DR.	LAKELAND, FL 33813
SEC.	DANIEL L. CURRY	5618 ROCKFIELD LOOP	VALRICO, FL 33594

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

Daniel L. Curry

Date

11-18-02

Daytime Phone #

863-646-5781

CR2E081 (9/01)

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