

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 453783

1. Corporation Name
 Hazouri Electric, Incorporated

Principal Place of Business Mailing Address
 6932 Distribution Ave. S. P.O. Box 16448
 Unit 3 Jacksonville, FL
 Jacksonville, FL 32256 32216

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

2. New Principal Office Address, If Applicable
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. New Mailing Office Address, If Applicable
 P.O. Box 56559
 Suite, Apt. #, etc.
 City & State
 Jacksonville, FL 32241
 Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 5/29/74
 5. FEI Number 59-1533734
 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P D	Hazouri, Robert E.	6932 Distribution Ave. South, Unit 3	Jacksonville, FL 32256
			200003070492--6
			-12/15/99--01008--025
			***1350.00 ***1350.00

8. Name and Address of Current Registered Agent
 Hazouri, Robert E.
 6932 Distribution Avenue South
 Unit 3
 Jacksonville, FL 32256

9. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code
 FL

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 *Robert E. Hazouri* Date _____
 REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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 E. Hazouri*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
 99 DEC -8 AM 11:18
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

REINSTATEMENT 95-99

CR2508 (12/98)