

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03-OCT 21 AM 10:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **457229**

1. Corporation Name

**PALM CITY ELECTRIC, INC.**

Principal Place of Business

Mailing Address

7951 MERCANTILE ST.  
P O BOX 3321  
NORTH FT. MYERS FL 33918

7951 MERCANTILE ST.  
P O BOX 3321  
NORTH FT. MYERS FL 33918

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

07/19/1974

5. FEI Number

59-1541904

Applied For

Not Applicable

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	4 City / State / Zip
CPD	SMITH, STEVEN L	1234 GRAMAC DR	N. FORT MYERS FL 33917
V	DAVIS, TRACY A.	1730 SANDY CIRCLE # 110	CAPE CORAL FL
ST	DAVIS, TRACY A	1649 CORAL POINTE DR.	CAPE CORAL FL 33990
AST	HAMILTON, LINDA D	2213 HIBISCUS RD SE	FT MYERS FL
V	SMITH, RICHARD E	1234 GRAMAL DR.	N. FORT MYERS FL 33917

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SMITH, STEVEN L  
258 BYRON AVE  
N FT MYERS FL 33903

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

**SIGNATURE**

Date

REGISTERED AGENT MUST SIGN

11. 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**  
*Tracy A. Davis*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/16/03  
Date

(239) 543-1522  
Daytime Phone #

CR2E040 (7/03)



---

**PALM CITY ELECTRIC, INC.**

October 16, 2003

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Document #457229

To Whom It May Concern:

I am in receipt of a Notice of Administrative Dissolution or Revocation for non-receipt of the 2003 UBR form. On April 11<sup>th</sup>, I mailed the UBR form along with \$150.00. To date the check has not cleared and I assume it has been lost.

Please accept the new form along with a new check for \$150.00.

Thank you for your consideration, and please feel free to contact myself at the number listed below.

Sincerely,

A handwritten signature in cursive script, reading 'Tracy A. Davis', is written above the printed name.

Tracy A. Davis  
Vice President  
Palm City Electric, Inc.

UBR.doc