PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. ORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS FILED DOCUMENT # 488453 97 APR -3 PM 4: 13 1. Corporation Name Engineered Electric Services, Inc. SECRETARY OF STATE TALLAHASSEE, FLORIDA 1994 to 1996 Mailing Address Principal Place of Business 5H /3 2025 S.R. 37 S. P.O. Box 297 Mulberry, F1 33860 Mulberry, Fl 33860 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 Date incorporated or Qualified To Do Business in Figrida Sulte, Apt. #, etc. 2025 5, R, 37 5, Suite, Apt. #, etc. Box 297 Applied For Mulberry, Fl 33860 Mulberry, FI Not Applicable \$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) Name of Officers and/or Directors Street Address of Each Officer and/or Director
(Do NOT Use Post Office Box Numbers) City / State / Zip Robert H. Cox 1018 Mt. Carmel Rd. Brandon, Fl 33511-6735 Muriel S. Cox u 11 800002135868—6 -04/08/97--01024--005 ***1245.00 ***1245.00 B. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name Robert H. Cox Street Address (P.O. Box Number is Not Acceptable) , 1018 Mt. Carmel Rd. Suite, Apt. #, Etc. Brandon, F1 33511-6735 Zip Code 10. I, being appointed the registered agent of the above named of poration, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN 11. Does this corporation pay any intangible tax to the (See other side for information on intangible tax.) Dept. of Revenue under S. 199.032, Florida Statutes. Yes L No 121 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 filling 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.

近以下,他也就有了事。\$P\$一次有意思的情况的一点,只是也是我们的人们也是有什么的人,只是什么一个人们的人们的人们的人们,这个人们们的人们们的人们们们们们们们们们们们们们们们们们们们们们们们们们们们