PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

488453

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 APR -3 PM 4:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
SH 4/3

DOCUMENT # 488453

1. Corporation Name

Engineered Electric Services, Inc.
1994 to 1996 7

Principal Place of Business	Mailing Address
2025 S.R. 37 S. Mulberry, Fl 33860	P.O. Box 297 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
Suite, Apt. #, etc.: 2625 S.R. 37 S.	Suite, Apt. #, etc.: P.O. Box 297
City & State: Mulberry, Fl	City & State: Mulberry, Fl 33860
Zip: 33860 Country: U.S.A.	Zip: Country:

4. Date Incorporated or Qualified To Do Business in Florida: 10/27/1975

5. FEI Number: 59-1673600 ☐ 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Pres. Director	Robert H. Cox	1018 Mt. Carmel Rd.	Brandon, Fl 33511-6735
Sec't. Director	Muriel S. Cox	"	"

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-04/08/97--01024--005
***1245.00 ***1245.00

800002135868--6
-04/08/97--01024--006
******8.75 ******8.75

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
Robert H. Cox 1018 Mt. Carmel Rd. Brandon, Fl 33511-6735	Name: Street Address (P.O. Box Number is Not Acceptable): Suite, Apt. #, Etc.: Same City: State: FL Zip Code:

CR2E040 (12/96)

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 H. Cox (REGISTERED AGENT MUST SIGN) Date: 3/25/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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 H. Cox Robert H. Cox 3/25/97 941-425-9075
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #