

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **489798**

1. Corporation Name

COLEMAN ELECTRIC COMPANY, INC.

Principal Place of Business

**3508 LENOX AVENUE
JACKSONVILLE FL 32254**

Mailing Address

**3508 LENOX AVENUE
JACKSONVILLE FL 32254**

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

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/19/1975

5. FEI Number

59-1637123

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
P	BRUCE, JERRY	1430 NE 199th St RT. 1 BOX 528 WALDO, FL 32694	WALDO FL 32694
VP	NORMAN, CARL C.	RT. 1 BOX 502	MCCLenny FL 32063
TS	FLINT, CATHERINE B	14310 NE 199th St 8750 MARLEE ROAD - WALDO, FL 32694	JACKSONVILLE FL 32244
			000004658060--1 -10/29/01--01102--002 ****750.00 ****750.00 /LS

8. Name and Address of Current Registered Agent

BRUCE, JERRY G.

**RT. 1 BOX 528 14304 NE 199th St
WALDO FL 32694**

9. Name and Address of New Registered Agent

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.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/10/01

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/11/01 904-384-8002

FILED

01 OCT 15 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

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CR2040 (8/01)