

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

04 JAN -2 AM 11:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 621469

1. Corporation Name

FOLLMAR ELECTRIC CO., INC.

Principal Place of Business

Mailing Address

494 DETROIT TERR
DEBARY FL 32713
US

494 DETROIT TERR
DEBARY FL 32713
US



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

2. New Principal Office Address, If Applicable

577 James St

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

577 James St

City & State

Orange City FL

City & State

Orange City FL

Zip 32763

Country

US

Zip 32763

Country

US

REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida

05/14/1979

5. FEI Number

59-1940209

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 3	City / State / Zip 4
PD	FOLLMAR, JOHN	494 DETROIT TERR	DEBARY FL
STD	FOLLMAR, BARBARA J.	494 DETROIT TERRACE	DEBARY FL

100025940741
01/02/04--01056--008 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FOLLMAR, JOHN
494 DETROIT TERR
DEBARY FL 32713

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

Barbara J. Follmar
REGISTERED AGENT MUST SIGN

Date

12/30/03

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:

Barbara J. Follmar
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/30/03 386 775 3424

CR2E040 (7/03)