

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

142

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JAN 24 PM 4:58

DOCUMENT # *0659728*

1. Corporation Name

BRUCE RIENDEAU ELECTRIC, INC.

400065189364
02/06/06--01005--021 **450.00

REINSTATEMENT *04-06*

CR2E081 (12/05)

2. Principal Office Address

17224 KEY LIME BLVD

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LOXAHATCHEE FL.

City & State

Zip

33470

Country

PALM BEACH

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1980

5. FEI Number

59-1992561

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

BRUCE RIENDEAU

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

17224 KEY LIME BLVD.

Suite, Apt. #, Etc.

City

LOXAHATCHEE

State

FL

Zip Code

33470

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date *1/20/05*

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
SOLE OFFICER	<i>BRUCE RIENDEAU P/D/D</i> <i>T/S</i>	<i>17224 KEY LIME BLVD.</i>	<i>LOXAHATCHEE FL</i> <i>33470</i>

10. 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 contained in Chapter 119, 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:

Bruce Riendeau *BRUCE RIENDEAU*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/20/06

Daytime Phone #

561-512-8399

2 of 2

Bruce Riendeau Electric, Inc.

17224 Key Lime Boulevard
Loxahatchee, Florida 33470
Phone (561) 790-1901
Cell (561) 512-8379
EC #1665

January 20, 2006

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

Re: Reinstatement for Bruce Riendeau Electric, Inc., FEI #59-1992561

Dear Sirs:

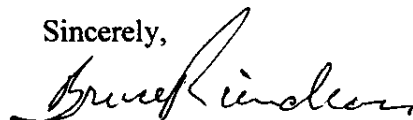
I was informed that as of 2004, you had dissolved my corporation.

Upon checking my records, I have been filing my report for my LLC but not for my business. I noticed that you have two incorrect addresses on the form I received locally and therefore, I have never received the renewal card for Bruce Riendeau Electric, Inc.

I am enclosing a check in the amount of Four Hundred Fifty dollars for years 2004, 2005, and 2006, as per my conversation with your representative earlier today.

Please contact me immediately if there is any further problem and I appreciate your attention to this matter.

Sincerely,



Bruce Riendeau
Bruce Riendeau Electric, Inc.
Document No. 659728