PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 APR 15 AM 9:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900175023389
04/15/10--01041--006 **300.00

900175023389
04/08/10--01050--002 **150.00

DOCUMENT # 680795

1. Corporation Name

Bartley Electric Inc.

WT-17588

REINSTATEMENT 08-10

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
10521 SW 118 Street	10521 SW 118 Street
Suite Apt # etc	Suite Apt. #, etc
City & State: Miami, Florida	City & State: Miami, Florida
Zip: 33176 Country:	Zip: 33176 Country:

4. Date Incorporated or Qualified To Do Business in Florida: 08/06/1980

5. FEI Number: 59-2009938 ☐ 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: John C. Bartley

Street Address (P.O. Box Number is Not Acceptable): 10521 SW 118 Street

Suite, Apt. #, Etc:

City: Miami State: FL Zip Code: 33176

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived

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: X John C Bartley Date: 04/05/2010
REGISTERED AGENT MUST SIGN

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
Pres	John C Bartley	10521 SW 118 Street	Miami, Fl 33176
VP	Jerry Bartley	10521 SW 118 Street	Miami, Fl 33176
Sec	Carol A. Bartley	10521 SW 118 Street	Miami, Fl 33176
Trea	Mary M. Bartley	10521 SW 118 Street	Miami, Fl 33176

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10. E-mail Address: virginia@vcavecpa.com
(To be used for future annual report notification)

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. I further certify, 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: X John C Bartley 4-5-10 305-251-6608
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #