



## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2. Principal Office Address  18626 N. 30 <sup>7 H</sup> 57.  Suite, Apt. #, etc.	3. Mailing Office Address PUBOX 1092 Suite, Apt. #, etc.	O5 NOV 30 PM 3: 33  SECRETARY OF STATE TALLAHASSEE, FLORIDA  4 C10082121844 12/13/05-CRZE081 (8:05): ***2357.50  4 Date Incorporated or Qualified To Do Business in Florida
City & State  LUTZ FL	City & State	5. FEI Number  59-2097763  Applied For Not Applicable
Zip Country U ≤ A 33559	Zip Country 33548 USA	6. CERTIFICATE OF STATUS DESIRED  \$3.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent		
Street Address (P.O. Box Number is Not Acceptable)  18626 N. 30TH 57.  Suite, Apt. #, Etc.  City LUTZ  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  MARION SMITH  Street Address (P.O. Box Number is Not Acceptable)  18 City LUTZ  State Zip Code FL 33559  Data 11/29/05  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 Street Address of Each City Costs / 7/2		
Officers and/or Directors	Officer and/or Director  Officer and/or Director	or City / State / Zip
DIRECTOR SECRETARY MARION TREASURER MARION	1	
		SP
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 filling 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:  MAR. ON SM.7H  SIGNATURE:  SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Desylime Phone #		



## Marion A. Smith P.O. Box 1092, Lutz, FL 33548 813-685-6815 fax: 813-949-5776

To: Florida Department of State Division of Corporations 2661 Executive Center Circle Tallahassee, Florida 32301 November 29, 2005

Re: Ed's Electric, Inc. (document #697107)

Dear Sir or Madam:

Attached are the required documents pursuant to the reinstatement of our corporation which was involuntarily dissolved more than 12 months ago.

The dissolution occurred without our knowledge because all notices since we have been incorporated, including notices of payment due or dissolution notices, were sent to the former registered agent, Lee Elam, a Florida attorney. But Mr. Elam did not perform the services which he had initially agreed to do, including our filings and he did not notify us of any changes or amounts due. He did not advise us that he would no longer perform his duties and he did not file an amendment changing the registered agent. As a result of other wrongdoings and violations of confidence, we had filed a grievance with the Florida Board of Bar Examiners.

After contacting the Division of Corporations we found that we now must amend the name of our corporation, incurring even more expense and inconvenience. However, in taking the necessary steps to reinstating the corporation, we have enclosed the following documents:

Reinstatement form Check for reinstatement fee Amendment form Check for amendment fee

Please file the amendment and reinstatement documents as soon as possible and have all documents sent to the new registered agent as shown on the amendment form.

Please call me at any time if your office has any questions.

Thank you,

**Marion Smith**