PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
01 MAR -6 PM 12:40
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 700393

1. Corporation Name JACKSONVILLE - SQUADRON, INC. Power

2. Principal Office Address	3. Mailing Office Address
8028 Concord BLVD W	8028 Concord BLVD W
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State JACKSONVILLE, FL	City & State JACKSONVILLE, FL
Zip 32208 Country USA	Zip 32208 Country USA

000003828200--0
-03/09/01--01066--006
****665.00 ****665.00

4. Date Incorporated or Qualified To Do Business in Florida 02/03/1960

5. FEI Number. 596138222 ☐ 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 DAVID B. LEVESQUE

Street Address (P.O. Box Number is Not Acceptable) 8028 Concord BLVD W

Suite, Apt. #, Etc.

REINSTATEMENT 94-01 M. MILLIGAN MAR 06 200

City JACKSONVILLE State FL Zip Code 32208

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 David B Levesque Date 02/23/01
REGISTERED AGENT MUST SIGN

CR2E081 (9/00)

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
P/D	CALVIN C. RAY	4345 ORTEGA FARMS Cir	JACKSONVILLE, FL 32210
V/D	ROBERT B. SMALL	1005 FLORA PARKE Drive	JACKSONVILLE, FL 32259
D	MARK ADAMS	3236 HIDDEN LAKE Dr E	JACKSONVILLE, FL 32216
S/D	KAY SHAPIRO	4345 ORTEGA FARMS Cir	JACKSONVILLE, FL 32210
T/D	DAVID B. LEVESQUE	8028 Concord BLVD W	JACKSONVILLE, FL 32208

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 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: David B Levesque DAVID B LEVESQUE 23 FEB 2001 904 237 5387
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #