

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 FEB 15 AM 11:46

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 853109

1. Corporation Name

CONTI ELECTRIC, INC

2. Principal Office Address - No P.O. Box #

6417 CENTER DR

Suite, Apt. #, etc.

City & State

STERLING HEIGHTS MI

Zip

48312

Country

USA

3. Mailing Office Address

6417 CENTER DR

Suite, Apt. #, etc.

City & State

STERLING HEIGHTS MI

Zip

48312

Country

USA

REINSTATEMENT

CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida

06/09/1982

5. FEI Number

38-1884765

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$0.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

C T Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

☐ 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

Kelly Snedden

REGISTERED AGENT MUST SIGN

Date

2/9/2010

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/S	PAUL DUHAIME	6417 CENTER DR	STERLING HEIGHTS MI
T	ANDREW CONTI	6417 CENTER DR	STERLING HEIGHTS MI
		M. MILLIGAN EXAMINER	02/15/10--01034--001 **1950.00
			800169291188
			02/15/10--01034--001 **1950.00
		FEB 16 2010	

10. E-mail Address: lbrowder@contielectric.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:

Paul Duhaime

Paul Duhaime

Date

2-10-10

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR