

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -6 PM 1:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
400008835424
11/06/02--01123--005 **750.00

DOCUMENT # F00000003187

1. Corporation Name

TOTAL ELECTRICAL INDUSTRIAL & INSTRUMENTATION, INC.

Principal Place of Business

12024 WEST CR 128
MIDLAND TX 79706
US

Mailing Address

PO BOX 60409
MIDLAND TX 79711
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

06/02/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

75-2879425

Applied For

Not Applicable

City, State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSD	HUDGEONS, JERRY L	3100 NORTH AVENUE A, BLDG A, STE 600 N. Marienfeld, Ste 500	MIDLAND TX
ASTD	BLACK, MICHAEL E	3100 NORTH AVENUE A, BLDG A, STE	MIDLAND TX
VD	BROWN, STEPHEN R	3100 NORTH AVENUE A, BLDG A, STE 600 N. Marienfeld, Ste. 500	MIDLAND TX
VD	SHIRLEY, KENDALL C	3100 NORTH AVENUE A, BLDG A, STE 12024 West CR 128	MIDLAND TX
VD	HORTON JR, THOMAS D	3100 NORTH AVENUE A, BLDG A, STE 12024 West CR 128	MIDLAND TX

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Maria Ozaeta
Vice President

Signature of
Registered Agent

Maria Ozaeta REQUIRED

REGISTERED AGENT MUST SIGN

Date 10-28-02

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 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:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/25/02

Date

915/682-1991

Daytime Phone #

CR2040 (8/02)