

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 AUG 11 AM 8:00

DOCUMENT # F00000003187

1. Corporation Name

TOTAL ELECTRICAL INDUSTRIAL & INSTRUMENTATION, I  
NC.

Principal Place of Business

Mailing Address

~~12024 WEST CR 128~~  
~~MIDLAND TX 79701~~  
~~US~~

~~PO BOX 1999~~  
~~MIDLAND TX 79702~~  
~~US~~

REINSTATEMENT 03-04

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

2. New Principal Office Address, If Applicable

600 N MARIENFELD

Suite, Apt. #, etc.  
SUITE 1000

City & State  
MIDLAND TX

Zip  
79701

Country  
MIDLAND

3. New Mailing Office Address, If Applicable

PO BOX 1999

Suite, Apt. #, etc.

City & State  
MIDLAND TX

Zip  
79702

Country  
MIDLAND

4. Date Incorporated or Qualified  
To Do Business in Florida

06/02/2000

5. FEI Number

75-2879425

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSD	HUDGEONS, JERRY L IF DENNIS EDWARDS	600 N MARIENFELD, SUITE 500 1000	MIDLAND TX
ASTD	BLACK, MICHAEL E	3100 NORTH AVENUE A, BLDG A, STE	MIDLAND TX
VD	BROWN, STEPHEN R RON MOOSE	600 N MARIENFELD, SUITE 500 1000	MIDLAND TX
VD	SHIRLEY, KENDALL C	12024 WEST CR 128	MIDLAND TX
VD	HORTON JR, THOMAS D	12024 WEST CR 128	MIDLAND TX
SEC	GENA STEELMAN	600 N MARIENFELD SUITE 1000	MIDLAND TX

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

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

Name

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

Suite, Apt. #, Etc.

City

400040082604

08/11/04--01013--003

State

FL

Zip Code

\*\*900.00

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.

Signature of  
Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Michael E. Jones  
Assistant Secretary

Date

8/4/04

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/26/04

Date

432-682-1991

Daytime Phone #

CR2E040 (7/03)