

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 22 PM 4:13

DOCUMENT # F00000006353

1. Corporation Name

ELECTRICAL CONSTRUCTORS, INC.

Principal Place of Business

1705 6TH AVE
JASPER AL 35501

Mailing Address

PO BOX 1512
JASPER FL 35502

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

P.O. BOX 1512

Suite, Apt. #, etc.

City & State
JASPER, AL

Zip
35502

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/08/2000

5. FEI Number

63-0626715

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
P	DAVIDSON, JIMMY L	9711 OLD TUSCALOOSA ROAD	PARRISH AL 35580
V	DAVIDSON, JUDY	9711 OLD TUSCALOOSA ROAD	PARRISH AL 35580
S	DAVIDSON, VANESSA L	385 WONDER LANE	PARRISH AL 35580

500004669815-0
-11/06/01--01089--018
****158.75 ****158.75

8. Name and Address of Current Registered Agent

DAVIDSON, JIMMY L
14200 MILLCOLE AVENUE
PANAMA CITY BEACH FL 32408

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.

Signature of
Registered Agent

JIMMY L. DAVIDSON

REGISTERED AGENT MUST SIGN

Date

10/16/01

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JIMMY L. DAVIDSON

Date

Daytime Phone #

10/16/01 (205) 221-4040

CR2ED40 (8/01)



Electrical Constructors, Inc.

1705 6TH AVENUE P.O. BOX 1512 JASPER, AL 35501 PHONE 221-4040
COMMERCIAL - INDUSTRIAL - RESIDENTIAL

10/16/01

DEPARTMENT OF STATE
DIVISIONS OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314

DEAR SIR:

WE HAVE RECEIVED A NOTICE OF ADMINISTRATIVE DISSOLUTION OR REVOCATION, AND AN APPLICATION FOR REINSTATEMENT.

WE DID NOT RECEIVE THE ANNUAL REPORT FORM THAT WAS REQUIRED TO BE FILED BY MAY 1ST OF EACH YEAR.

PLEASE NOT THE WRONG MAILING ADDRESS ON THIS FORM. I HAVE CORRECTED IT IN BOX 3.

I AM ATTACHING A CHECK FOR \$158775 FOR THE FEE AND FOR A CERTIFICATE OF STATUS. PLEASE CALL THE NUMBER LISTED ABOVE IF YOU NEED ADDITIONAL INFORMATION.

TH

THANK YOU,


JIMMY DAVIDSON
PRESIDENT