

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

03 OCT 15 AM 10:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F00000006804

1. Corporation Name

SATILLA AIR & ELECTRICAL CONTRACTORS, INC.

Principal Place of Business

Mailing Address

P.O. BOX 1167  
KINGSLAND GA 31548

P.O. BOX 1167  
KINGSLAND GA 31548

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



REINSTATEMENT 03

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

12/08/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number 02-0559889  
58-2577652

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	KEENE, DANA	414 JOY LANE 220 DENNIS LOOP	WOODBINE GA 31589 Kingsland GA 31548
V	KEENE, GLEN	414 JOY LANE 220 DENNIS LOOP	WOODBINE GA 31589 Kingsland, GA 31548
S	ANDERSON, CLYDE	402 ROYAL WAY 304 MISSION FOREST TRAIL	KINGSLAND GA 31548

400023818594  
10/15/03--01055--010 \*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ANDERSON, BILL  
2963 EARNEST STREET  
JACKSONVILLE FL 32205

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.

Signature of  
Registered Agent

*Bill Anderson*

Date 10/14/03

REGISTERED AGENT MUST SIGN

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:

*Bill Anderson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/14/03

Date

Daytime Phone #

912-510-8655

CR2E040 (7/03)