

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROV.
FILED
Aug 28, 2006 8:00 A.M.
Secretary of State

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F01000004724

1. Corporation Name

ACTION ELECTRIC SALES CO., INC.

2. Principal Office Address

3900 N ROCKWELL STREET

Suite, Apt. #, etc.

City & State

CHICAGO IL

Zip

60618

Country

USA

3. Mailing Office Address

3900 N ROCKWELL STREET

Suite, Apt. #, etc.

City & State

CHICAGO IL

Zip

60618

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

09/19/2001

5. FEI Number

36-2227867

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

DENNIS MCCABE

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

803 TENNESSEE AVENUE

Suite, Apt. #, Etc.

City

LYNN HAVEN

State

FL

Zip Code

32444

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

Dennis McCabe

Date

7/31/06

REGISTERED AGENT MUST SIGN

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
DIR/ PRES	PHILIP GAROON	3900 N. ROCKWELL STREET	CHICAGO, IL 60618
DIR/ VP/SECY	HOWARD GAROON	3900 N. ROCKWELL STREET	CHICAGO, IL 60618
TREAS	LISA GAROON	3900 N. ROCKWELL STREET	CHICAGO, IL 60618

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08/30/06--01031--015 **1350.00

10. 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:

Philip Garoon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/1/06

Date

773/539-1800

Daytime Phone #

8/29