

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F01000005669

**FILED**  
**Oct 05, 2007**  
**Secretary of State**

**Entity Name:** LITTLE ROCK ELECTRICAL CONTRACTORS, INC.

**Current Principal Place of Business:**

13008 LAWSON RD  
LITTLE ROCK, AR 72210

**New Principal Place of Business:**

**Current Mailing Address:**

13008 LAWSON RD  
LITTLE ROCK, AR 72210

**New Mailing Address:**

**FEI Number:** 71-0540222      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: C T CORPORATION SYSTEM

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Election Campaign Financing Trust Fund Contribution ( )**

**OFFICERS AND DIRECTORS:**

Title: PCD ( ) Delete  
Name: SMITH, GEORGE E  
Address: 1359 ALLEN RD  
City-St-Zip: BISMARCK, AR 71929 US

Title: STD ( ) Delete  
Name: SMITH, MIKE D  
Address: 1359 ALLEN RD  
City-St-Zip: BISMARCK, AR 71929 US

Title: VD ( ) Delete  
Name: GODWIN, WILLIE D  
Address: 16 WESTCHESTER DR  
City-St-Zip: LITTLE ROCK, AR 72212 US

Title: D ( ) Delete  
Name: WALLACE, LAWRENCE D  
Address: 6809 HOLLY LANE  
City-St-Zip: MABELVALE, AR 72103 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIKE D. SMITH

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

STD

10/05/2007

\_\_\_\_\_  
Date