

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 DEC 12 AM 8:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F02000000720

1. Corporation Name

V&M ELECTRIC, INC.

Principal Place of Business

Mailing Address

107 RABUN ROAD
BAY MINETTE AL 36507

PO BOX 1604
BAY MINETTE AL 36507

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

43336 Jones Rd.

Suite, Apt. #, etc.

City & State

Bay Minette, AL

City & State

Zip

36507

Country

USA

Zip

Country

REINSTATEMENT 03



800025455418
12/12/03--01040--015 **750.00

4. Date Incorporated or Qualified
To Do Business in Florida

02/05/2002

5. FEI Number

63-1202370

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	VICK, GRAY M	107 RABUN ROAD - 43336 Jones Rd.	BAY MINETTE AL

8. Name and Address of Current Registered Agent

CHITTY, ZAL
2594 HWY 81A
PONCE DE LEON FL 32455

9. Name and Address of New Registered Agent

Name

SCOTT BEAVER

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

65 STAL LAKE A.

Suite, Apt. #, Etc.

City

PENSACOLA

State

FL

Zip Code

32507

CR2E040 (7/03)

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

Date

11/11/03

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

12/10/03
Date

251-580-0730
Daytime Phone #