

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 NOV 16 AM 11:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F05000007429

1. Corporation Name

Generator Service Company, Inc.

2. Principal Office Address - No P.O. Box #

561 Owens Circle

3. Mailing Office Address

561 Owens Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hueytown, AL

City & State

Hueytown, AL

Zip

35023

Country

USA

Zip

35023

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified

To Do Business in Florida 12/22/2005

5. FEI Number

63-0921626

☐ 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

C T Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

100241904301
11/16/12--01024--006 **1650.00

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

Nathan S. Giffin Asst. Secretary

Date

11/14/12

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. Pre.	Robert McDonald	561 Owens Circle	Hueytown, AL 35023
Dir. Sec	Diane McDonald	561 Owens Circle	Hueytown, AL 35023
Dir. VP.	James Campbell	561 Owens Circle	Hueytown, AL 35023
Dir. VP.	Robert Whorton, Jr.	561 Owens Circle	Hueytown, AL 35023

REINSTATEMENT

10. E-mail Address: bmcDonald@generatorserviceco.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Diane McDonald, VP Secretary

Date

11-13-12

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR