

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F16486**

1. Corporation Name

**TRI-PHASE ELECTRICAL CORP.**

FILED

02 MAR 14 PH 2: 26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT**

Principal Place of Business

Mailing Address

4345 SAWYER RD  
SARASOTA FL 34233  
US

~~4345 SAWYER ROAD~~  
~~SARASOTA FL 34233~~  
US

**332 MONST DRIVE  
NOKOMIS FL  
34275**



**01-02**

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01/28/1981	
City & State		City & State		5. FEI Number	
Zip		Country		59-2076269	
				Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$375 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
DP	WILEY, RONALD W	4345 SAWYER ROAD	SARASOTA FL
DV	WILEY, FRED	332 MONST DRIVE	SARASOTA FL 34275
DO	LEONARD William	83 ANNAPOLIS LANE	Rotonda FL 33947
			200005180912--5 -04/01/02--01095--003 ***900.00 ***900.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
WILEY, RONALD W 4345 SAWYER ROAD SARASOTA FL 34232		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	
		State	Zip Code
		FL	

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.

Signature of Registered Agent: *R Wiley* Date: **3-11-2002**

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: *R Wiley* Date: **3-11-2002** Daytime Phone #: **941 966-7449**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/01)