

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Sanford B. Mason
Secretary of State
DIVISION OF CORPORATIONS

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DOCUMENT # F80456

1. Corporation Name
LaPorte Electric, Inc.

FILED

97 AUG -6 AM 11:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

10702 Carrollwood Drive
Tampa, Florida 33618

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

Same

4. Date Incorporated or Qualified
To Do Business in Florida

May 10, 1982

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2195313

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P,T,S	Wayne M. LaPorte	10702 Carrollwood Drive	Tampa, FL 33618
V	Susan Dunkle LaPorte	10702 Carrollwood Drive	Tampa FL 33618

700002263427--6
08/11/97 01122 019
****365.00 ****365.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date August 1, 1997

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on Intangible tax.)

12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Wayne M. LaPorte

Aug. 1, 1997 (813) 932-5616
Date Daytime Phone #

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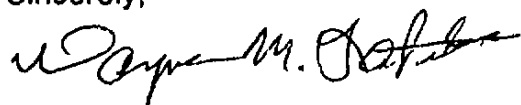
LaPorte Electric, Inc.
10702 Carrollwood Drive
Tampa, Florida 33618
August 1, 1997

To Whom It May Concern:

Recently it came to my attention that LaPorte Electric, Inc. had not filed a renewal application with the states division of corporations. When I called your office inquiring about the problem, I was told that two different addresses were on record in the computer. Apparently the renewal application went to the wrong address. A very helpful gentleman sent me a reinstatement application and suggested an explanation letter. He also told me that the reinstatement fee would be waived. Enclosed please find a check for the annual report fee for two years and the reinstatement application.

Thank you for his and your assistance in clearing up this matter.

Sincerely,



Wayne M. LaPorte
President