

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
FLORIDA DEPARTMENT OF STATE  
John Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 NOV 14 PM 1:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F93000002502

1. Corporation Name

ELECTRAMARK OF FLORIDA, INC.

Principal Place of Business

2910 W. WATERS AVE  
TAMPA FL 33614  
US

Mailing Address

800 AIRPORT RD  
STE 104  
LAWRENCEVILLE GA 30245  
US



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

05/27/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2846540

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 3	City / State / Zip 4
PCD	SCHEIDT, RAY D	800 AIRPORT RD STE 104	LAWRENCEVILLE GA
SD	SCHEIDT, RITA T	800 AIRPORT RD STE 104	LAWRENCEVILLE GA
D	CALHOUN, GARY T	2910 WEST WATERS AVE	TAMPA FL
			LS
			5/4/00 90022/001 \$143.75
			1/21/00 90073/041 \$15.00

8. Name and Address of Current Registered Agent

CALHOUN, GARY T  
2910 WEST WATERS AVE  
TAMPA FL 33614

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/24/00

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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/24/00 7702570385  
Date Daytime Phone #