

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F94000003067**

1. Corporation Name

**DOTHAN ELECTRIC COMPANY, INC.**

Principal Place of Business

Mailing Address

3213 WESTGATE PARKWAY  
DOTHAN AL 36303

3213 WESTGATE PARKWAY  
DOTHAN AL 36303

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.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

06/13/1994

5. FEI Number

63-0751846

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	FREEMAN, DONALD C	501 BOB HALL ROAD	DOTHAN AL 36301
ST	FREEMAN, LINDA F	501 BOB HALL ROAD	DOTHAN AL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS ST.  
TALLAHASSEE FL 32301

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. or 617.0505, F.S.

Signature of  
Registered Agent ✓

*SIGNATURE*

Date ✓

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:

*Linda Freeman*

Linda Freeman ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-30-03

Date

1334-793-3433

Daytime Phone #

**DOTHAN ELECTRIC COMPANY, INC.**

3213 Westgate Parkway  
Dothan, Alabama 36303  
Phone 334 793-3433 Fax 334 793-5717

December 30, 2003

Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, Florida 32314-6327

I would like to ask if you could waive the reinstatement fee for this report.

I have just received the report for the first time this year. We spoke with Ruby on December 30, 2003 and she said you might be able to waive the fee. We would appreciate your consideration.

Thank you,

Dothan Electric Company, Inc.

*Linda Freeman*

Linda Freeman