

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000001502

1. Corporation Name

STAPLETON ELECTRIC CO.

Principal Place of Business

240 COLLEGE STREET
CLEVES OH 45002

Mailing Address

240 COLLEGE STREET
CLEVES OH 45002

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/29/1995

5. FEI Number

31-0739736

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PC	STAPLETON, JOSEPH J	6359 PLUMOSA AVENUE	FT. MYERS FL 33908
V	STAPLETON, PATRICIA A	6359 PLUMOSA AVENUE	FT. MYERS FL 33908
DST	QUINNA, KATHLEEN A LEOPOLD, KATHLEEN A	2873 BANNING ROAD 1767 FORESTVIEW LANE	CINCINNATI OH 45239 CINCINNATI, OH 45233
VC	STAPLETON, STEPHEN J	583 BRADDOCK COURT	EDGEWOOD KY 41017
D	LIPPS, RICHARD C	4600 FEHR ROAD	CINCINNATI OH 45238
D	STAPLETON, DAVID J	1092 TIMBERVALLEY CT.	CINCINNATI, OH 45233

8. Name and Address of Current Registered Agent

STAPLETON, JOSEPH J
6359 PLUMOSA AVENUE
FT. MYERS FL 33908

9. Name and Address of New Registered Agent

Name

Street Address (Do NOT use Post Office Box Numbers)

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

Joseph J. Stapleton
REGISTERED AGENT MUST SIGN

Date 10/29/97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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:

Joseph J. Stapleton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH J. STAPLETON

10/29/97

Date

(513) 941-6300

Daytime Phone #

APPROVED
AND
FILED

97 NOV 18 PM 3:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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****750.00 ****750.00

CR25040 (8/97)