

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 APR -2 PM 12:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F96000006422

1. Corporation Name

WOOD ELECTRICAL CONSTRUCTION COMPANY, INC.

2. Principal Office Address

Post Office Box 370

Suite, Apt. #, etc.

City & State

Turtle Creek, PA

Zip

15145

Country

3. Mailing Office Address

Post Office Box 370

Suite, Apt. #, etc.

City & State

Turtle Creek, PA

Zip

15145

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1-2/06/1996

5. FEI Number

25-1053320

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Kenneth M. Kaleel, P.A.

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

555 North Congress Ave.

Suite, Apt. #, Etc.

Suite 301

City

Boynton Beach

State

FL

Zip Code

33426

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

REGISTERED AGENT MUST SIGN

Date

3-22-01

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CPS	Luanne Costanzo	1034 Preston Road	N. Versailles, PA 15137
CVT	Theodore A. Costanzo	1034 Preston Road	N. Versailles, PA 15137

10. 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

3/15/01
Date

412-823-1852
Daytime Phone #

CR2E081 (9/00)