

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 NOV -8 PM 1:46

DOCUMENT # F97000004020

1. Corporation Name

WILLIAMS NITRO ELECTRIC CO.

Principal Place of Business

1-64 AND RTE 25, PO BOX 425
NITRO WV 25143

Mailing Address

1-64 AND RTE 25, PO BOX 425
NITRO WV 25143

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

30044

US

4. Date Incorporated or Qualified
To Do Business in Florida

07/31/1997

5. FEI Number

55-0753070

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	4 City / State / Zip
D	WILLIAMS, J M JR	2076 WEST PARK PLACE	STONE MOUNTAIN GA 30087
D	WILLIAMS, VIRGIL R	2076 WEST PARK PLACE	STONE MOUNTAIN GA 30087
P	CONWAY, R E K. W. Robuck	2076 WEST PARK PLACE	STONE MOUNTAIN GA 30087
VS	ROBUCK, KEN L. C. Daniels	2076 WEST PARK PLACE	STONE MOUNTAIN GA 30087
AS	BRYAN, SHARON A N. Shawn Blair	2076 WEST PARK PLACE	STONE MOUNTAIN GA 30087
AS	BLOUNT, LARRY A	164 RT 25	NITRO WV 25143

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SO PINE ISLAND RD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

000003046530--6

-11/17/99--01003--013

****750.00 ****750.00

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and acknowledge the provisions of Section 607.0505, F.S.

Signature of
Registered Agent

Barbara A. Burke

SPECIAL ASSISTANT SECRETARY

Date

10-29-99

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
K. W. Robuck, President

Date

Daytime Phone #

770-879-4600