

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

00 OCT 20 PM 12:09

DOCUMENT # **F97000005725**

1. Corporation Name

LANDMARK ELECTRIC, INC.

Principal Place of Business

Mailing Address

2701 4TH AVENUE NORTH
B'HAM AL 35233

2701 4TH AVENUE NORTH
B'HAM AL 35233



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

10/30/1997

5. FEI Number

63-0828624

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
PT	DISALVO, JOHN K	1208 LAKE POINT VISTA	HOOVER AL
CVD	BLACKBURN, J M	409 PALACE CIRCLE	TRUSSVILLE AL
S	BLACKBURN, JANET L	409 PALACE CIRCLE	TRUSSVILLE AL

100003455551--5

--11/07/00--01031--017

****750.00 ****750.00

10/130

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MOORE, MICHAEL
200 SANDESTIN LANE APT 1206
DESTIN FL 32541

Name

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

100 Seascap Drive

Suite, Apt. #, Etc.

unit 10-G

City

Destin

State

FL

Zip Code

32550

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]
REGISTERED AGENT MUST SIGN

Date

10-19-2000

CR2E040 (8/00)

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:

James M. Blackburn V/P
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-19-2000 (205)323-2490

Date

Daytime Phone #