

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**

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

10000345551--5  
-11/07/00--01031--017  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

**MOORE, MICHAEL**  
200 SANDESTIN LANE APT 1206  
DESTIN FL 32541

9. Name and Address of New Registered Agent

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]* **SIGNATURE REQUIRED** Date **10-19-2000**

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]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** Date **10-19-2000** (205) 323-2490 Daytime Phone #

CR2E040 (8/00)