PLEASE READ	ALL INSTRUCTIONS	BEFORE C	OMPLETING THIS FORM.
	Sandra B. Mortham Secretary of State		APPHOVED AND FillED
DOCUMENT #		97 FEB 10 PH 3: 36	
1. Corporation Name			SECRETARY OF STATE TALLAHASSEE, FLORIDA
Blue Ribbon Electric, Inc.			
Principal Place of Business Mailing Address			
694 N.E. 76th Street 1874 75th Avenue			
Miami, Fla 33138 Dresser, WI 54009			
If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principat Office Address, if Applicable 3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. FEI Number Applied For
City & State	City & State		59-2242429 Not Applicable
Zip Country	Zip Country	ý	6. S8 75 Additional Fee required for a Certificate of Status
7. Names and Street Addresses of Each Officer and/c Name of Officers		tions must list at lease t Address of Each	st 3 directors)
Trile(s) and/or Directors Officer and/or Directors Officer and/or Directors 3 (Do NOT Use Post Office Box		icer and/or Director e Post Office Box N	umbers) 4 City / State / Zip
Pres. James L. Rushfeldt 1874 75th Ave with Sec. , Treas Dresser, with 54009 54009			
			8000020855989
			8000020855989
- BEI		*****225.00 ****225.00	
			(I:alair,
8. Name and Address of Current R	egistered Agent		9. Name and Address of New Registered Agent 10197
Bonnia, Ruchfult Bor		Bon	nie Rushfeldt
Street A			O. BOX Number is Not Acceptable) - 2 ST N. E. 73-2 ST
migni The			
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 CP . CP			
Registered Agent			
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylime Phone #			

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