

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G41796**

1. Corporation Name

**HOME ELECTRIC SERVICE
OF SOUTH FLORIDA INC.**

2. Principal Office Address

8754 SW 129 ST.

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33176

Country

USA

3. Mailing Office Address

8754 SW 129 ST

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33176

Country

USA

REINSTATEMENT

000024633390
11/13/03--01025--007 **8.75

4. Date Incorporated or Qualified
To Do Business in Florida

06-01-1983

5. FEI Number

59-2299832

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

RANDALL J. THOMAS

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

8754 SW 129 ST.

Suite, Apt. #, Etc.

MIAMI FL

City

MIAMI FL

State
FL

Zip Code

33176

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

R. J. Thomas

REGISTERED AGENT MUST SIGN

Date **11-10-03**

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
PDST	RANDALL J. THOMAS	8754 SW 129 ST.	MIAMI FL 33176
VP	JAMES THOMAS	8754 SW 129 ST	MIAMI FL 33176

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: **R. J. Thomas Pres. RANDALL J. THOMAS PRES.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-254-6778

CR2E061 (10/02)

HOME Electric SERVICE
OF
SOUTH FLORIDA, INC.

Electrical Contractors
8754 SW 129 Street • Miami, Florida 33176
Tel: (305) 254-6778 • Fax: (305) 254-3390
CC# EC0000651

11-10-03

FLA. DEPT OF STATE
409 EAST GAINES ST.
TALLAHASSEE FL.
32399

TO WHOM IT MAY CONCERN.

AGAIN WE DID NOT RECEIVE OUR
ANNUAL REPORT. PLEASE REVIEW
ATTACHED DOCUMENT THAT SHOWS
OUR CORRECT MAILING ADDRESS.
WHEN WE WENT THRU THIS LAST
YEAR. PLEASE CORRECT THE MAILING
ADDRESS AS → 8754 SW 129 ST.
MIAMI FL 33176

ENCLOSED IS CHECK # FOR
\$150.00 AS DIRECTED BY YOUR
OFFICE THIS DATE.

THANK YOU
R. J. Johnson
PRES.