

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # G58797

1. Entity Name
FLORIDA ELECTRICAL SALES CO.



FILED

09 JAN 17 AM 8:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
8100 EAST BROADWAY
SUITE E
TAMPA, FL 33619 US

Mailing Address
458 BRACKENWOOD LN S
PALM BEACH GARDENS, FL 33420 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address
13081 Coastal Cir

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Palm Beach Garden FL

Zip

Country

Zip
33410

Country

01052009

REIN-P

CR2E098 (1/07)

4. FEI Number

59-2317513

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WATSON, LOUIS MICHAEL
458 BRACKENWOOD LN. SOUTH
PALM BEACH GARDENS, FL 33418

Name
Louis M Watson

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

13091 Coastal Circle
Palm, Beach Gardens
33410

City
Palm Beach Gardens

FL

Zip Code

33410

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
VTD	WATSON, LOUIS MICHAEL	458 BRACKENWOOD LANE SOUTH	PALM BEACH GARDENS, FL	<input checked="" type="checkbox"/>
PSD	BADO, RICHARD	3912 DREXEL AVE	TAMPA, FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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01/07/09--01028--007 **300.00

REINSTATEMENT

RH

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/08 561-775-9328
Date Daytime Phone #