
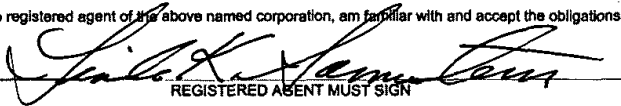



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 185246					
1. Corporation Name Michael Electric Co, Inc. 1870 N.State Rd. 7, Suite 111 Margate, FL 33063					
2. Principal Office Address 6875 NW 1st. Street		3. Mailing Office Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Margate, FL		City & State			
Zip 33063	Country USA	Zip	Country		
		4. Date Incorporated or Qualified To Do Business in Florida		11/14/85	
		5. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> 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 Linda K. Sammaritano					
Street Address (P.O. Box Number is Not Acceptable) 6875 NW 1st. Street					
Suite, Apt. #, Etc.					
City Margate		State FL	Zip Code 33063		
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				Date 10/30/01	
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	
Pres.	Linda K. Sammaritano	6875NW 1st Street, Margate, FL		Margate, FL 33063	
V/M	Michael Sammaritano	6875 NW 1st Street		Margate, FL 33063	
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: Linda K. Sammaritano				Date 10/30/01	Daytime Phone # 954-979-0193

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

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