

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 OCT 13 AM 8:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # J16530

1. Corporation Name

H.E.S. ELECRICAL CONTRACTORS, INC.

700023759737  
10/13/03--01088--017 \*\*1500.00

REINSTATEMENT 98-07

2. Principal Office Address

1217 CAPE CORAL PARKWAY

Suite, Apt. #, etc.

105

City & State

CAPE CORAL, FL

Zip

33904-9604174

Country

U.S.

3. Mailing Office Address

1217 CAPE CORAL PARKWAY

Suite, Apt. #, etc.

105

City & State

CAPE CORAL, FL

Zip

33904-9604174

Country

U.S.

4. Date Incorporated or Qualified  
To Do Business in Florida

05/28/1986

5. FEI Number

59-2676761

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

WILLIAM LAWRY

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

1217 CAPE CORAL PARKWAY

Suite, Apt. #, Etc.

105

City

CAPE CORAL, FL

State

FL

Zip Code

33904-9604174

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

*William S. Lawry*  
REGISTERED AGENT MUST SIGN

Date 06/09/03

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
P	WILLIAM LAWRY	1217 CAPE CORAL PARKWAY	CAPE CORAL, FL 33904-9604174

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:

*William S. Lawry*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
WILLIAM S. LAWRY

10/8/03

Date

Daytime Phone #

CR2E081 (10/02)

210/15