

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# J40790

FILED
Feb 03, 2009
Secretary of State

Entity Name: METRO ELECTRIC OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

4625 OLD WINTERGARDEN RD
B3
ORLANDO, FL 32811 US

New Principal Place of Business:

4625 OLD WINTER GARDEN RD
B4
ORLANDO, FL 32811 US

Current Mailing Address:

8302 VINTAGE DR
ORLANDO, FL 32835

New Mailing Address:

P.O. BOX 617049
ORLANDO, FL 32861 US

FEI Number: 59-2732922

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COX, WILLIAM S
8302 VINTAGE DR
ORLANDO, FL 32835 US

Name and Address of New Registered Agent:

COX, WILLIAM S
2409 LAKE DEBRA DRIVE
APT 1111
ORLANDO, FL 32835 US

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.

SIGNATURE: WILLIAM S. COX

02/03/2009

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: COX, WILLIAM S
Address: 8302 VINTAGE DR
City-St-Zip: ORLANDO, FL 32835

Title: PD () Delete
Name: COX, ROBERT H
Address: 8314 VINTAGE DR
City-St-Zip: ORLANDO, FL 32835

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: COX, WILLIAM S
Address: 2409 LAKE DEBRA DR. APT 1111
City-St-Zip: ORLANDO, FL 32835

Title: VP (X) Change () Addition
Name: COX, ROBERT H
Address: 8314 VINTAGE DR
City-St-Zip: ORLANDO, FL 32835

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM S. COX

PRES

02/03/2009

Electronic Signature of Signing Officer or Director

Date