

READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR REINSTATEMENT
97-99AR

DOCUMENT # J41060
1. Corporation Name
Charlie's Electric Company, INC

Principal Place of Business
P.O. Box 250
564 E. Brickyard Rd
Midway, FL 32343-0250
Mailing Address
P.O. Box 250
564 E. Brickyard Rd
Midway, FL 32343-0250

2. New Principal Office Address, If Applicable
Roland Hednington (VP)
3075 Mc Cord Blvd
Tallahassee FL
32303 U.S.
3. New Mailing Office Address, If Applicable
James Bryant Jr (S)
564 E. Brickyard Rd
Midway FL
32343 U.S.

FILED
93 JAN 20 PM 4:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4. Date Incorporated or Qualified To Do Business in Florida 11/05/1986
5. FEI Number 59-2753298
6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PP	Charlie S. Smith	564 E. Brickyard Rd	Midway, FL 32343

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
Charlie S. Smith P.O. Box 564 E. Brickyard Rd Midway FL 32343	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
Signature of Registered Agent Charlie S. Smith
REGISTERED AGENT MUST SIGN
Date 1/20/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☒ No ☐
(See other side for information on Intangible tax.)

12. 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: Charlie S. Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
1/20/99 575-7101
(Date) (Daytime Phone #)

~~12~~
Charlie's Electric Co INC
P.O. Box 250
564 E. Brickyard Rd
Midway FL 32343
1/20/99

We move to the new above address and
did not get an application for reinstatement.

Charlie L. Smith