

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

08 FEB 29 AM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J41060

1. Corporation Name

Charles Electric Company Inc.

2. Principal Office Address - No P.O. Box #

564 E. Brickyard Rd.

Suite, Apt. #, etc.

City & State

Midway FL

Zip

32343

Country

3. Mailing Office Address

3075 McCord Blvd.

Suite, Apt. #, etc.

City & State

TALL. FL

Zip

32303

Country

leon

4. Date Incorporated or Qualified
To Do Business in Florida

11-5-1986

5. FEI Number

59-2753298

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

Charles Smith

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

564 E. Brickyard Rd.

Suite, Apt. #, Etc.

City

Midway FL

State

FL

Zip Code

32343

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

[Signature]

Date

2/29/08

REGISTERED AGENT MUST SIGN

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	Charles Smith	564 E. Brickyard Rd.	Midway FL-32343
VP	Robert Hedgington	3075 McCord Blvd.	TALL FL-32303
S	James Bayant	564 E. Brickyard Rd.	MIDWAY FL-32343

800120753078
03/19/08-01036-017 **450.00

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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/29/08