

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2007 SEP 26 PM 4:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # K73615

1. Corporation Name

ELECTRICAL POWER SERVICES INC.

**REINSTATEMENT 06-07**

CR2E081 (1/07)

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

615 IRVINGTON AVE.

Suite, Apt. #, etc.

3. Mailing Office Address

615 IRVINGTON AVE.

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

32803

Country

USA

City & State

ORLANDO, FL

Zip

32803

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

3/89

5. FEI Number

59-2943745

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

JACK L. PEREZ

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

615 IRVINGTON AVE.

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32803

☒ 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

*Jack L. Perez*

REGISTERED AGENT MUST SIGN

Date 9/24/07

**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
PTSV DCM	JACK L. PEREZ	615 IRVINGTON AVE	ORLANDO, FL. 32803

300109951053  
09/26/07--01031--002 \*\*300.00

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:

*Jack L. Perez*

JACK L. PEREZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/24/07

Date

4079258115

Daytime Phone #

9/28/07