

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

2003 NOV 12 PM 2:20

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000015987

Name and Mailing Address

0002751 01 AT 0.292 **AUTO T3 0 0615 32712-238348

PRIME ELECTRICAL CONTRACTING LLC
548 ZACHARY DRIVE
APOPKA FL 32712-2383



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 09/14/2001	
Principal Place of Business 548 ZACHARY DRIVE APOPKA FL 32712	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 59-3746698	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent MALAMISURA, FRANK J 548 ZACHARY DRIVE APOPKA FL 32712	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
--	---

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent *Frank J. Malamisura* **SIGNATURE REQUIRED**
REGISTERED AGENT MUST SIGN

Date 11-2-03

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	MALAMISURA, FRANK J PRES.	548 ZACHARY DR.	APOPKA FL 32712
MGRM	CHATER, JOSEPH V.P.	7044 BURNWAY DR.	ORLANDO FL
No LONGER IN THIS COUNTRY NO LONGER WITH COMPANY			
400024617274 11/12/03--01084--008 **150.00			
REINSTATEMENT 2003			

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager *Frank J. Malamisura* **SIGNATURE REQUIRED**

Date 11-2-03

Daytime Phone # 1-407-468-8788

Typed or printed name of signing Managing Member/Manager FRANK J. MALAMISURA