

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 MAR 19 PM 2:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L10574**

1. Corporation Name

PIONEER ELECTRIC CO.

2. Principal Office Address

2211 NE 45th ST.

Suite, Apt. #, etc.

City & State

LIGHTHOUSE POINT, FL

Zip

33064

Country

BROWARD

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

**4. Date Incorporated or Qualified
To Do Business in Florida**

8/22/89

5. FEI Number

65-0142588

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

ALAN FISHMAN

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

2301 W. SAMPLE RD.

Suite, Apt. #, Etc.

BLDG 4, SUITE 1A

City

POMDANO BEACH

State
FL

Zip Code
33073

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

Alan Fishman

Date

2/28/01

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 |
|--------|--------------------------------------|---------------------------------------------------|-------------------------------|
| D, P | GODFREY GRANT | 2211 NE 45th ST. | LIGHTHOUSE POINT, FL 33064 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

S. PAYNE MAR 28 2001

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 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:

Godfrey S. Grant

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/01

Date

954-412-4582

Daytime Phone #

CR2E081 (9/00)