

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

DO NOT WRITE IN THIS SPACE

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL 17 PM 4:49

~~See Instructions on Other Side of this Form~~
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1. Name and Mailing Address of Corporation: DOCUMENT # L 12054

COURTNEY ELECTRICAL CORP.

151 NW 189 TERR

MIAMI FL, 33169

2. If Address in Block 1 is incorrect in any way, enter the correct address below:

Address

City and State

Zip Code

3. If Principle Office Address is different from mailing address, enter address below:

Address

City and State

Zip Code

98-00
REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

08/21/1989

5. FEI Number

65-0142582

FEI Number Applied For

FEI Number Not Applicable

6. **\$8.75 Additional Fee required
for a Certificate of Status**

CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/T	BEAL, COURTNEY	151 NW 189 TERR	MIAMI FL, 33169
VP/S	BEAL, DOROTHY	151 NW 189 TERR	MIAMI FL, 33169
			200003342922--4 08/01/00-01087-024 ***1050.00 ***1050.00

~~SEE OTHER SIDE FOR INFORMATION~~

9. If changed, new registered agent / office

Name

8. Name and Address of Current Registered Agent

BEAL, COURTNEY

151 NW 189 TERR

MIAMI FL, 33169

Street Address (Do NOT Use P.O. Box Number)

Street Address (Do NOT Use P.O. Box Number)

City

State

FL.

Zip

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

Courtney Beal

Date

REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on intangible tax.) **AD**

13. 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., and that all fees owed by the corporation 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
Officer or Director

Courtney Beal

Date

July 13, 00

Daytime Phone #

305-770-0167

Typed or printed name of signing officer or director