PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.								
APPLICATION FLORIDA DEPARTMENT OF STATE					·			
FOI	A Law Land		Sandra B. Mor		FILED			
DEINICTATEMENT OF SPCIENCY			Secretary 6					
HEINSTATEMENT PIVISION OF CORPO				an long	<u>'</u>	97 MAY -5 DM	··	
DOCUMENT# L83480						97 MAY -5 PM 2: 35		
1. Corporation Name TADCO ELECTRICAL SERVICES, INC.						SECRETARY OF TALLAHASSEE, FL	OTA	
371 Taunton Rd.S.W.						ALLAHASSEE, FL	ORIDA	
Palm Bay, F1 32908					<u> </u>		- THE PA	
Principal Place of Business Mailing Address								
371 Tourton Pd S W P.O. Box 10015								
Palm Bay, F1 32908 Palm Bay, F1 32910					~=111	^~&~F*&*	ALT OLD	
REINSTATEMENT QUA-q-								
Make a salah casa			للأرار	91.21800				
If above addresses are incorrect in any way, line through incorrect information and effler cdrightion before.  2. New Principal Office Address, If Applicable  3. New Malling Address, If Applicable						DO NOT WRITE IN THIS orated or Qualified	SSPACE	
C. 22 And # 212		P.O.	Box 10015	4	To Do Business in Florida June 1990			
Suite, Apt. #, etc.		Suite, Apt. #,	eic.		5. FEI Number Applied For			
City & State		Palm B	av. Fl 32	910	59-302	1450	Not Applicable	
Zip	Country	Zip	Country		6. CERTIFICATE	OF STATUS DESIRED	58.75 Additional Fee required	
						<b>U</b>	for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Name of Officers Street Address of Each								
Title(s)	and/or Directors	;	Off	icer and/or Director se Post Office Box N		City /	State / Zip	
				ton Rd.S		Palm Bay	F1 32908	
PRESIDENT TIMOTHI A. DAVIS								
70002176447 -05/13/9701054005							-01054009	
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					-05/13/9?01054010 ****480.00 ****460.00			
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						1116-1	9-07	
8. P	nt	<u> </u>	9. Name and Address of New Registered Agent					
Name TIMOTHY A. DAVIS						DAVIS		
TADCO ELECTRICAL SERVICES, INC.  371 Taunton Rd.S.W.  TADCO ELECTRICAL SERVICES, INC.  Street Agdress (P.O. Box Number is Not Acceptable)  371 Taunton Rd.S.W.							s, inc.	
5.1 5. 51 99000 L						d.S.W.		
raim bay, in object				Suite, Apt. #, Etc.				
				CityPalm Bay, State Zip 32908			ate Zip 32908	
10. 1, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 807.0505, F.S.								
Signature of Registered Agent Date 4/9/96 4/24/97								
O REGISTERED AGENT MUST SIGN								
11. Does this corporation pay any intangible tax to the								
Dept. of Revenue under S. 199.032, Florida Statutes. Yes X No (See other side for information on intangible tax.)								
•								
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I								
certify that, I am a	an officer or director or the receive	er or trustee en	npowered to execute	this application as	provided for in cl	napter 607 or 617, F.S. I fo	urther certify that when filing i	
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 cath.								
$\mathcal{L}_{\mathcal{L}}}}}}}}}}$								
SIGNATURE: April 9, 1996 407-768-6108  FIGHWAPP THE THE PROPERTY OF DIRECTOR DELEGATION								
	TYMUTHY TAED OUT A	PROSIANE PR	HET PENTOR	PIRECTOR		DETE	Daytime Phone #	