## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PLEASE READ A	ALL INSTRUCTIONS BEFORE C	SOMETERING THIS FORM.		
CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED  04 JUN 14 PM 9:-30  SECRETAR TOP STATE		
DOCUMENT # M 46 3  1. Corporation Name		TALLAHASSEE, FLORIDA		
INSIGHT ELECTRIC	80003 <b>794</b> 3048 06/14/0401060015 **600.00			
Suite, Apt. #, etc.	3. Mailing Office Address 1033 N.E. 44th St. Suite, Apt. #, etc.	A Data Incorporated or Outlified		
Oakland Park FL, City & State	Oakland Park FL City & State	4. Date Incorporated or Qualified To Do Business in Florids. 2-10-8.7  5. FEI Number Applied For Not Applied For		
2ip 33337 Country	33334 Country	CERTIFICATE OF STATUS DESIRED S SE 75 Additional For touping to a Certificate of Status		
Name ROBERT L, S. Street Address (P.O. Box Number is N. 1901 WES Suite, Apt. #, Etc. City FT, LAUD	of Acceptable) TO CYPRESS CREEK 415	PAIRE, P.A.)		
Signature of Registered Agent	egistered agent must sign	obligations of section 607.0505 or 617.0503, F.S.  Date		
9. Names and Street Addresses of Each Officer and Titles Name of Officers and for Directors	d/or Director (Florida nonprofit corporations mu t list at  Street Address of Ea Officer and / r Direct	ich City State 17in		
P/O CARLA, Pu	1A 6120 N.W. 34th.	Terrace Fr. LANDEROME, Fr. 33309		
STD THOMAS JI GR	CITTER 6701 NW 23rd 7	Tenace Fr. LANDEDDME. FL 33309		

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 fitting 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 eignature shall have the same legal effect as if neade under path.

SIGNATURE.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-9-04

(954) 772-4775

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RZE081 (10/02)

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## **AFFIDAVIT OF CARL A. PUIA**

STATE OF FLORIDA		
1	)	
COUNTY OF BROWARD	)	

Before me, the undersigned authority duly authorized to administer oaths and take acknowledgments, personally appeared CARL A. PUIA, who, after being first duly sworn, upon oath, deposes and says of his own personal knowledge:

- My name is Carl A. Puia and at all relevant times I have been the President of Insight Electrical Contractors, Inc. ("Insight")
- 2. Within the company I am responsible for filing the Annual Report with the Department of State each year.
- 3. I have been filing the Annual Reports since the time that we incorporated back in February of 1987.
- 4. I most recently filed the Annual Report in April, 2000. A copy of the report is attached to this Affidavit.
- 5. I handwrote in the address of our principal place of business and mailing address ("Blocks 2&3") as 1033 NE 44<sup>th</sup> Street (Oakland Park, Florida).
- After filing the Annual Report of 2000, we never received any other Annual Reports for the year 2001 or subsequent years to complete and return to the Department of State.
- 7. In reviewing the Annual Report filed for the company in April, 2000 it appears that the Department of State may have misread the mailing address (referenced above) and construed the first 4 in 44<sup>th</sup> street as a 9 which would make it 94<sup>th</sup> Street.

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8. Had we received the Annual Report forms at our office at 1033 NE 44<sup>th</sup> Street, I can assure you that we would have filed the Annual Report.

**FURTHER AFFIANT SAYETH NOT** 

CARL A. PUIA

STATE OF FLORIDA	)					
	)					
COUNTY OF BROWA	ARD )					
The foregoing	instrument wa	s sworn to a	and subscribed	before me	this <b>9</b>	day of
June,2	2004by Carl A.	Puia who is p	personally know	vn to me or	who has pr	roduced
personally K	พอเม	as identifi	cation and who	did take an	oath.	
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