

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 SEP 25 PM 2:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000000824

1. Corporation Name

Alkema Electric, Inc.

2. Principal Office Address

1031 Kansas Ave

3. Mailing Office Address

1031 Kansas Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Englewood, FL

City & State

Englewood, FL

Zip

34223

Country

United States

Zip

34223

Country

United States

4. Date Incorporated or Qualified
To Do Business in Florida

01/01/2000

5. FEI Number

59-3444422

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 01-02

7. Name and Address of Current Registered Agent

Name

Melanie L. Alkema

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

1031 Kansas Ave

Suite, Apt. #, Etc.

City

Englewood

State
FL

Zip Code

34223

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

Melanie L. Alkema

REGISTERED AGENT MUST SIGN

Date Sept. 17, 2002

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
P	Paul A. Alkema	1031 Kansas Ave.	Englewood, FL 34223
T/SV	Melanie L. Alkema	1031 Kansas Ave.	Englewood, FL 34223

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:

Melanie L. Alkema

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/17/2002

Date

(941)475-5277

Daytime Phone #

CR2001 (9/01)