


2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000046811		
1. Entity Name F D C ELECTRIC, INC.		

FILED
2008 JAN 31 AM 9:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 10115 W. SUNRISE BLVD., #203 PLANTATION, FL 33322	Mailing Address 10115 W. SUNRISE BLVD., #203 PLANTATION, FL 33322
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2. Principal Place of Business - No P.O. Box # 4112 NW 88th Ave Suite, Apt. #, etc. #223	3. Mailing Address 4112 NW 88th Ave Suite, Apt. #, etc. #223
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City & State Sunrise	City & State Sunrise	4. FEI Number 65-1010053	Applied For Not Applicable
Zip 33345	Country Broward	Zip 33345	Country Broward

6. Name and Address of Current Registered Agent BEVACQUA, FRANK 10115 W. SUNRISE BLVD., #203 PLANTATION, FL 33322		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Permitted) 4112 NW 88th Ave #223 City Sunrise FL 33345	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BEVACQUA, FRANK 10115 W. SUNRISE BLVD., #203 PLANTATION, FL 33322 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4112 NW 88th Ave #223 Sunrise, Fla. 33345
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SAUNDERS, JOSEPH D 6840 GREEN ISLAND TERRACE LAKE WORTH, FL 33467 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MORINI, FRANCIS A 1940 DISCOVERY CIR E DEERFIELD, FL 37442 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600116579906 01/31/08--01035--011 **300.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: 1-28-08 DAYTIME PHONE #

B. Mitchell JAN 31 2008