

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

16 DEC 28 AM 11:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000054944**

1. Corporation Name

Confederate Electric Inc

500293685245
12/28/16--01005--019 **750.00

2. Principal Office Address - No P.O. Box #

3. Mailing Office Address

1207 Buggy Whip Trail **1207 Buggy Whip Trail**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Middleburg, FL

Middleburg FL

Zip Country

Zip Country

32068

32068

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

☐ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Joseph D Benardini

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

1207 Buggy Whip Trail

Suite, Apt. #, Etc.

City
Middleburg

State
FL

Zip Code
32068

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

Joseph D Benardini

REGISTERED AGENT MUST SIGN

Date **12/28/2016**

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
CD	Joseph D Benardini	1207 Buggy Whip Trail	Middleburg FL
D	Mary Ruth Benardini	1207 Buggy Whip Trail	Middleburg FL

10. E-mail Address: **confederateelectric@comcast.net**

(To be used for future annual report notification)

11. 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. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Joseph D Benardini

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/28/2016

Date

Daytime Phone #

RE 12/28/16