


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
-------------------------------------	---	--

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 22 PM 5:10

DOCUMENT # P00000059697

1. Corporation Name

CORRECT ELECTRICAL SERVICE, INC.

Principal Place of Business

Mailing Address

257 45TH AVE NE
ST PETERSBURG FL 33703

257 45TH AVE NE
ST PETERSBURG FL 33703



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

06/20/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

593653816

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
DPS	WOOLARD, BRUCE A	257 45TH AVE NE	ST PETERSBURG FL 33703

500004669305--2
-11/06/01--01071--011
****150.00 ****150.00

11/15

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WOOLARD, BRUCE A
257 45TH AVE NE
ST PETERSBURG FL 33703

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Bruce A. Woolard

REGISTERED AGENT MUST SIGN

Date 10-15-01

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., 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:

Bruce A. Woolard Bruce A. Woolard 10-15-01 727-365-8631

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

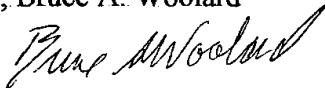
CR2E040 (8/01)

October 15, 2001
Fla. Dept. Of State - Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314-6327

To Whom It May Concern:
Subject: Filling

I have until this date not received any notice or application form.
For whatever reasons I am sorry this has come to this point.
I have enclosed the application and this letter as I was instructed.

Respectfully, Bruce A. Woolard

A handwritten signature in cursive script, appearing to read "Bruce A. Woolard".