

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 JUN -3 PM 3:44

DOCUMENT # P00000076364

1. Corporation Name

JM Electrical Services, Inc.

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

5819 NW Dooley Circle

Suite, Apt. #, etc.

City & State

Port St. Lucie, Florida

Zip

34986

Country

USA

3. Mailing Office Address

5819 NW Dooley Circle

Suite, Apt. #, etc.

City & State

Port St. Lucie, Florida

Zip

34986

Country

USA

800156725068
06/03/09--01022--002 **458.75

REINSTATEMENT

07-09K5

4. Date Incorporated or Qualified
To Do Business in Florida

August 11, 2000

5. FEI Number
651034063

☒ 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

Patrick Warner

Street Address (P.O. Box Number is Not Acceptable)
4102 Birchwood Drive

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33487

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Patrick Warner

REGISTERED AGENT MUST SIGN

Date

5-28-09

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
D	Mitch Wyman	5819 NW Dooley Circle	Port St. Lucie, Florida 34986
D	Patrick Warner	4102 Birchwood Drive	Boca Raton, Florida 33487

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 contained in Chapter 119, 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

Mitch Wyman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mitch Wyman

Date

5/28/09

Daytime Phone #

561-256-5495