

1050<sup>00</sup>

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

10 AUG -2 AM 11:40  
RECEIVED STATE  
TALLahassee, FLORIDA

DOCUMENT # D00000104093

1. Corporation Name  
Deering Electric Inc

2. Principal Office Address - No P.O. Box #  
1649 Fairlight St NW  
Suite, Apt. #, etc.

3. Mailing Office Address  
Same  
Suite, Apt. #, etc.

City & State  
Palm Bay FL

City & State

Zip  
32907

Country  
Brevard

Zip  
32907

Country  
Brevard

**REINSTATEMENT** 08-10

4. Date incorporated or Qualified To Do Business in Florida  
Oct 6 2000

5. FEI Number  
59-3686347  
 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  
Mark E Deering  
Street Address (P.O. Box Number is Not Acceptable)  
1649 Fairlight St NW  
Suite, Apt. #, Etc.  
City  
Palm Bay FL 32907  
State  
FL  
Zip Code  
32907

800183901638  
08/02/10--01051--012 \*\*1058.75

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 [Signature] Date 7-29-10  
REGISTERED AGENT MUST SIGN

**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
<u>Pres</u>	<u>Mark E Deering</u>	<u>1649 Fairlight St NW</u>	<u>Palm Bay FL 32907</u>

10. E-mail Address: M.Deering@CFL.RR.COM  
(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., 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.

SIGNATURE: [Signature] Date 7-29-10 Daytime Phone # 321-984-4812  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/300