

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONSFILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 JUN -4 AM 10:48

DOCUMENT # P01000021548

1. Corporation Name

MULTIPHASE ELECTRIC
525 SW BARNEY ST.
HIGH SPRINGS, FL 32643

2. Principal Office Address

525 SW BARNEY ST

Suite, Apt. #, etc.

City & State

HIGH SPRINGS, FL

Zip

32643

Country

US

3. Mailing Office Address

525 SW BARNEY ST.

Suite, Apt. #, etc.

City & State

HIGH SPRINGS, FL

Zip

32643

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

4/4/01

5. FEI Number

593749767

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

JANET HINSON

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

525 SW BARNEY STREET

Suite, Apt. #, Etc.

City

HIGH SPRINGS

State

FL

Zip Code

32643

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 AgentJanet Hinson

Date

6/3/04

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
PRES.	JAMES W. HINSON	525 SW BARNEY ST.	HIGH SPRINGS, FL 32643
Secy TREAS.	JANET D. HINSON	525 SW BARNEY ST.	HIGH SPRINGS, FL 32643

REINSTATEMENT 03/04

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06/04/04--01010--011 ***308.75

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 under section 119.07(3)(f), 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:

Janet Hinson JANET HINSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/3/04

Date

386-454-3228

Daytime Phone #

292

MULTIPHAZE ELECTRIC, INC.

525 SW Barney Street
High Springs, Florida 32643
(Ph) 386-454-3228
EC#0002453

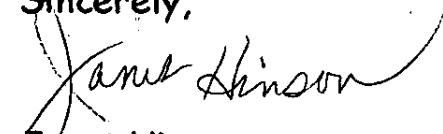
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
04 JUN -4 AM 10:48

June 2, 2004

To Whom it may concern:

I, Janet Hinson, did not receive my 2003 first or second notice for my Annual Report for MultiPhaze Electric.

Sincerely,


Janet Hinson
Secretary/Treasurer
MultiPhaze Electric