

PLEASE READ ALL INSTRUCTIONS BEFORE

FILE THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 DEC -6 AM 8:00

DOCUMENT # P 01000049893

1. Corporation Name

P & S Electrical Enterprises, Inc

REINSTATEMENT 02-04

MRD

2. Principal Office Address

107 n. E 25 Street

3. Mailing Office Address

107 n. E 25 street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

miami FL 33137

City & State

miami FL

Zip

Country

Zip

Country

33137

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

may 2001

5. FEI Number

05-1113266

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875. Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Julio C. Palma

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

107 n. E 25 Street

Suite, Apt. #, Etc.

City

miami

State

FL

Zip Code

33137

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 12/2/04

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
P	Julio C. Palma	1220 n. E 94 street	miami FL 33138
VP	Jose M. Santana	20127 S.W. 54 place	Pembroke Pines FL 33332

300043214823
12/06/04--01053--024 **450.00

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)(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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/2/04
Date

305-576-8807
Daytime Phone #

CR2E081 (01/04)