

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 27 AM 11:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000068987**

1. Corporation Name

**MCCEB'S ELECTRIC INC.**

Principal Place of Business

8508 DUPREE RD  
MACCLENNY FL 32063

Mailing Address

8508 DUPREE RD  
MACCLENNY FL 32063

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

07/11/2001

5. FEI Number

59-3732428

Applied For

Not Applicable

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	HAMNER, MICHAEL E	8508 DUPREE RD	MACCLENNY FL 32063
T	HAMNER, JOYCE E	8508 DUPREE RD	MACCLENNY FL 32063

400024102864  
10/27/03--01021--017 \*\*150.00

8. Name and Address of Current Registered Agent

HAMNER, MICHAEL E  
8508 DUPREE RD  
MACCLENNY FL 32063

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Michael E. Hamner*

REGISTERED AGENT MUST SIGN

Date

10-16-03

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:

*Joyce E. Hamner*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-16-03 259-4571

Daytime Phone #

CR2E040 (7/03)

# **McCEB'S Electric Inc.**

10-18-03

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314-6327

Dear Department of State:

This letter is to advise that we did not receive the 1<sup>st</sup>. Annual Report notice. Please accept our apology for any inconvenience this may have caused.

Sincerely,

Joyce Hamner

Treasurer

McCEB's Electric Inc.