

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 OCT 31 AM 8:01

DOCUMENT # **P01000081063**

1. Corporation Name

MCGUIRE ELECTRIC, INC.

700008732847
10/31/02--01099--001 **750.00

2. Principal Office Address

8160 135th STREET

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 780246

Suite, Apt. #, etc.

City & State

SEBASTIAN

City & State

FL.

Zip

32958

Country

INDIAN RIVER

Zip

32978

Country

IN. RIVER

REINSTATEMENT

02

4. Date Incorporated or Qualified
To Do Business in Florida

9/01

5. FEI Number

65-1135304

☒ 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

JAKEN A. MCGUIRE

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

8160 135th STREET

Suite, Apt. #, Etc.

City

SEBASTIAN

State
FL

Zip Code

32958

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

JAKEN A. MCGUIRE
REGISTERED AGENT MUST SIGN

Date

10/29/02

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	JAKEN A MCGUIRE	8160 135th ST.	SEBASTIAN, FL 32958
TRES.	JOHN M. LAMAN	9704 RIVERVIEW DR.	MICCO, FL 32976

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:

JAKEN A. MCGUIRE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/29/02

Daytime Phone #

772

664-5223

CR2E081 (8/01)