

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 SEP 16 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000097549

1. Corporation Name

ARIES ELECTRICAL CONTRACTORS, INC

REINSTATEMENT 02-03

2. Principal Office Address

5840 N.W. 46 MANOR

3. Mailing Office Address

3601 W. COMMERCIAL BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

28

City & State

Coral Springs, FL.

City & State

FT. LAUDERDALE, FL.

Zip

33063

Country

BROWARD

Zip

33309

Country

BROWARD

4. Date Incorporated or Qualified To Do Business in Florida

10/05/2001

5. FEI Number

20-0214742

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

William Guschick

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

5840 N.W. 46 MANOR

500023050225

09/15/03--01059--007 #4909 75

Suite, Apt. #, Etc.

City

Coral Springs

State

FL

Zip Code

33063

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

William Guschick
REGISTERED AGENT MUST SIGN

Date

9/11/03

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/D	William Guschick	5840 N.W. 46 MANOR	Coral Springs, FL 33063

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:

William Guschick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/11/03

Daytime Phone #

954-730-3131

CR2E081 (10/02)

7/1/16