


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 MAR 10 AM 11:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # FD 1000 111970

1. Corporation Name
Tom Young Electric, Inc.

200014415322
113/20/03--01067--011 **317.50

2. Principal Office Address
9245 SW 82 Ave
Suite, Apt. #, etc.

3. Mailing Office Address
P.O. BOX 561145
Suite, Apt. #, etc.

City & State
MIAMI, FL.

City & State
MIAMI, FL.

Zip
33156 Country
U.S.A.

Zip
33256 Country
U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida
July 1976

5. FEI Number
59-2022433 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
THOMAS M. YOUNG

Street Address (P.O. Box Number is Not Acceptable)
9245 SW 82 Ave

Suite, Apt. #, Etc.

City
MIAMI

State
FL

Zip Code
33156

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
Thomas M. Young

REGISTERED AGENT MUST SIGN

Date
3-05-03

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
<u>Pres.</u>	<u>THOMAS M. YOUNG</u>	<u>9245 SW 82 Ave</u>	<u>MIAMI, FL 33156</u>

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: Thomas M. Young

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date
3-05-03

Daytime Phone #
305-596-0260

CR2E081 (10/02)