


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 # **PO 1000 111970**

1. Corporation Name

Tom Young Electric, Inc.

2. Principal Office Address

9245 SW 82 Ave

Suite, Apt. #, etc.

City & State

MIAMI, FL.

Zip **33156**

Country

U.S.A.

3. Mailing Office Address

P.O. BOX 561145

Suite, Apt. #, etc.

City & State

MIAMI, FL.

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
Pres.	Thomas M. Young	9245 SW 82 Ave	MIAMI, FL 33156

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)