



# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000013504		
1. Entity Name WILKINSON ELECTRIC, INC.		

Principal Place of Business 1159 SUPREME CT. TALLAHASSEE, FL 32301	Mailing Address P.O. BOX 13505 TALLAHASSEE, FL 32317
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2. Principal Place of Business <i>28A Old Palmetto Path</i> Suite, Apt. #, etc. <i>28-A</i>		3. Mailing Address <i>P.O. Box 12</i> Suite, Apt. #, etc.	
City & State <i>St. Marks, FL</i> Zip <i>32355</i>		City & State <i>St. Marks, FL</i> Zip <i>32355</i>	

**FILED**  
06 DEC 12 PM 12:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



12122006 REIN-P CR2E098 (11/05)

6. Name and Address of Current Registered Agent WILKINSON, BEN H 215 S. MONROE ST., 2ND FL TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* *CEO* *12/12/06*  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2007, Fee will be \$300.00</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WILKINSON, FRANK H 1910 KATHERINE SPEED CT. TALLAHASSEE, FL 32303 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <i>Wilkinson, Frank H.</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Unit 28A Old Palmetto Path</i> <i>St. Marks, Fla. 32355</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST WILKINSON, FARRAH 1910 KATHERINE SPEED CT. TALLAHASSEE, FL 32303 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>600082741226</i> <i>12/22/06--01029--022 **158.75</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>\$ 12/12</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *[Signature]* *12/12/06* *529-2715*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #