

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000014501

1. Corporation Name

SUPPORT ELECTRICAL, CORP.

FILED
03 NOV 13 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

7349 N W 54TH STREET
MIAMI FL 33166

7349 N W 54TH STREET
MIAMI FL 33166

REINSTATEMENT

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

02/04/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

☒ Applied For

☒ Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	GONZALEZ, YOLANDA	7349 N W 54TH STREET	MIAMI FL 33166

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GONZALEZ, YOLANDA M
7349 N W 54TH STREET
MIAMI FL 33166

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-6-03 305-863-0027

CR2E040 (7/03)

Support Electrical, Corp.
7349 NW 54th Street
Miami, FL 33166

November 6, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

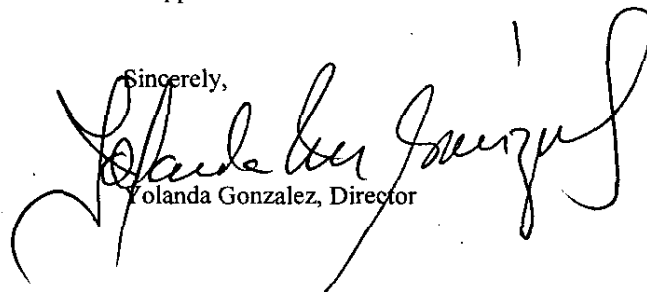
On or prior to September 11, 2003, a check in the amount of \$ 550.00 was sent to the Division of Corporations to make the Corporation current with the Division. The Division subsequently cashed this check. Via receipt of a notice of administrative dissolution or revocation it was determined that the Corporation has been administratively dissolved. From a telephone conversation with Ms. Tina Roberts it was determined that the dissolution was a result of Support Electrical, Corp.'s failure to include its employer identification number on the form accompanying the check for \$ 550.00.

We are very sorry that we did not include the employer identification number on the prior mailing, however, we were not informed of the failure to include the employer identification number. In addition, the Corporation does not have an employer identification number and one will not be requested until the Corporation becomes active.

Please accept our sincerest apology, waive the \$ 200.00 assessment, and reinstate the Corporation.

Attached hereto is an application for reinstatement. Please note that on the application on or around item number 5 no employer identification number is noted and the box for "not applicable" is checked.

Sincerely,



Yolanda Gonzalez, Director