

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 AUG 30 AM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 802000017132

1. Corporation Name

Home Electric Service of North Florida, Inc.

2. Principal Office Address

5460 SE 32nd place

Suite, Apt. #, etc.

City & State

Ocala FL

Zip

34471

Country

3. Mailing Office Address

5460 SE 32nd place

Suite, Apt. #, etc.

City & State

Ocala FL

Zip

34471

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/11/2002

5. FEI Number

20-1542031

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-04

7. Name and Address of Current Registered Agent

Name

Robert E. Landt

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

230 N.E. 25th AVE

Suite, Apt. #, Etc.

Suite 200

City

Ocala

900040646729

08/30/04--01082--005 ***300.00

State

FL

Zip Code

34470

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

Robert E. Landt

Date 6/14/04

REGISTERED AGENT MUST SIGN

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
D	Walter E Landt	5460 SE 32 nd PLACE	OCAIA FL 34471

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:

Walter E Landt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-25-04

Date

Daytime Phone #

3526944096

CR2001 (01/04)

2004

Home Electric Service of North Florida, Inc.
5460 SE 32nd Place
Ocala, FL 34471

August 26, 2004

Corporate Records Bureau
Division of Corporations
Secretary of State
Post Office Box 6327
Tallahassee, FL 32314

Re: Home Electric Service of North Florida, Inc.

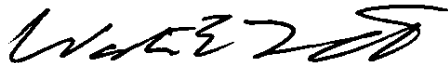
To whom it may concern:

Enclosed please find my reinstatement form together with a check payable to your order in the amount of \$300.00 which represents the filing fees for 2003 and 2004.

I never received any uniform business report notices which resulted in my failure to timely renew my corporation. I would request that the Department waive the reinstatement fee of \$600.00 due to the fact that I did not receive the uniform business report notices.

Thank you for your consideration of this matter.

Sincerely,



Walter Landt, President
Home Electric Service of North Florida, Inc.