

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000020364

1. Corporation Name

M & L Electrical Contracting, Inc.

2. Principal Office Address

19505 Coachlight Way
Suite, Apt. #, etc.

3. Mailing Office Address

19505 Coachlight Way
Suite, Apt. #, etc.

City & State

Lutz, FL.

Zip 33549 Country USA

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Lutz, FL.

Zip 33549 Country USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

2/22/02

5. FEI Number

010610736

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

Mark J. LoCicero

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

19505 Coachlight Way

Suite, Apt. #, Etc.

City

Lutz

State
FL

Zip Code

33549

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

Mark J. LoCicero
REGISTERED AGENT MUST SIGN

Date 2-28-06

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
PD	Mark J. LoCicero	19505 Coachlight Way	Lutz, FL 33549
	<u>NA 3/8</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 contained in Chapter 119, 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:

Mark J. LoCicero Mark J. LoCicero
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-28-06 (813) 431-6144

Daytime Phone #



March 1, 2006

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

To Whom It May Concern:

I, Mark J. LoCicero, am writing this letter to accompany the reinstatement.
I have not received any annual notices starting with the year 2004. Because of this, I am
requesting that the reinstatement fee be waived.

Thank you,

Mark J. LoCicero
Owner/Operator
M&L Electrical Contracting, Inc.