

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 AUG 24 PM 1:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000031846

1. Corporation Name

SOLAR ELECTRIC SPECIALTIES OF AMERICA

2. Principal Office Address

7363 CIRCLE DRIVE

Suite, Apt. #, etc.

City & State

LADY LAKE, FL

Zip
32159

Country
USA

3. Mailing Office Address

7363 CIRCLE DRIVE

Suite, Apt. #, etc.

City & State

LADY LAKE

Zip
32159

Country
USA

RECEIVED
03-06
CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

MARCH 22, 2002

5. FEL Number

30-0060051

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

MICHAEL MCCOOL

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

7363 CIRCLE DRIVE

Suite, Apt. #, Etc.

City

LADY LAKE

State
FL

Zip Code

32159

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 617.0503, F.S.

Signature of
Registered Agent

Michael McCool
REGISTERED AGENT MUST SIGN

Date AUG 22, 2006

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
P	MICHAEL MCCOOL	7363 CIRCLE DRIVE	LADY LAKE, FL. 32159
V	BASSAM MCCOOL	AVE. INTERNATIONAL SANTA MONICA	CARACAS, VE 1040
	<i>8/25</i>	RES. YACAMBU EDIF. JIMENEZ PH2	

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:

Michael McCool
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AUG 22, 2006 (352) 255 3008

Date

Daytime Phone #