

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM! 7:33

CORPORATION  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONSSECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000041005

## 1. Corporation Name

Rigs Electrical And Cable Services, Inc.

REINSTATEMENT 07-09

000031746460

04/02/04--01054--010 \*\*308.75

## 2. Principal Office Address

12209 Mystic Ave

Suite, Apt. #, etc.

City &amp; State

New Port Richey, FL

Zip

34654

Country

USA

## 3. Mailing Office Address

12209 Mystic Ave

Suite, Apt. #, etc.

City &amp; State

New Port Richey, FL

Zip

34654

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

04/15/2002

## 5. FEI Number

020-58-2197

☒ 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

Rigoberto Olmo

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

12209 Mystic Ave

Suite, Apt. #, Etc.

City

New Port Richey

State

FL

Zip Code

34654

## 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

Date

03/01/2004

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
P.	Rigoberto Olmo	12209 Mystic Ave	New Port Richey, FL 34654

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-1-04 786-417-2000

CR20081 (01/04)

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To Whom It May Concern:

My name is Rigoberto Olmo, there was supposedly a letter sent to me stating that I needed to reinstate my Corporation. I never received this letter at my current nor prior address. I did have my mail forwarded via the post office to my current address on Mystic but the letter might have been returned or who knows what could of happened. I do not feel I should be held responsible for this additional fee for not reinstating in time since I didn't receive any notice. I'm hoping the \$600 fee could be waived this one time - I would greatly appreciate it. I sincerely apologize for any inconvenience and if you have any questions please feel free to call me at 786-417-2000.

Thank you for your time.

Sincerely,

Rigoberto Olmo