

## 2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

05 MAY -2 PM 3:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04272005 REIN-P CR2E098 (6/04)

<b>DOCUMENT # P02000084643</b> 1. Entity Name <b>MARLOWE L. SMITH ELECTRIC CO., INC.</b>			
Principal Place of Business <b>13804 NW 146TH STREET ALACHUA, FL 32616</b>		Mailing Address <b>13804 NW 146TH STREET ALACHUA, FL 32616</b>	
2. Principal Place of Business <b>13804 NW 146th Ave</b> Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 416</b> Suite, Apt. #, etc.	
City & State <b>ALACHUA, FL</b>		4. FEI Number <b>59-1468366</b>	
Zip <b>32615</b>		Country <b>USA</b>	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required.	
6. Name and Address of Current Registered Agent <b>FINANCIAL FOUNDATIONS, INC. 3150 SANDY RIDGE DR. CLEARWATER, FL 33758</b>		7. Name and Address of New Registered Agent Name <b>MARLOWE L. SMITH</b> Street Address (P.O. Box Number is Not Acceptable) <b>13804 NW 146th Ave.</b> City <b>ALACHUA</b>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		FL Zip Code <b>32616</b>	
SIGNATURE: <i>Marlowe L. Smith</i> <small>(Signature, typed or printed name of registered agent and title if applicable)</small>		Date: <b>4-25-05</b> <small>(DATE)</small>	
<b>FILE NOW!!! FEE IS \$300.00</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>SMITH, MARLOWE L</b> <b>13804 NW 146TH STREET</b> <b>ALACHUA, FL 32616</b>	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>13804 NW 146th Ave</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>600054212706</b> <b>05/10/05--01054--020</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>**REINSTATEMENT</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>04-05</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i) Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Marlowe L. Smith</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <b>4-25-05</b> <small>DATE</small>	
Daytime Phone #		Daytime Phone #	