

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 23 AM 9:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000104400**

1. Corporation Name

V-A-B ELECTRIC, INC.

Principal Place of Business

1520 N. E. 33RD COURT
POMPANO BEACH FL 33064
US

Mailing Address

1520 N. E. 33RD COURT
POMPANO BEACH FL 33064
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 03



300025697773
12/23/03--01006--016 **750.00

4. Date Incorporated or Qualified To Do Business in Florida

10/01/2002

5. FEL Number

42-1552412

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	ANDERSON, GREGORY L	1520 N. E. 33RD COURT	POMPANO BEACH FL 33064
TRES	VITTIE, JOHN W	1800 HJAMMOCK BLVD.	COCNUT CREEK FL 33063

8. Name and Address of Current Registered Agent

ANDERSON, GREGORY L
1520 N. E. 33RD COURT
POMPANO BEACH FL 33064

9. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
Suite, Apt. #, Etc. _____
City _____ State **FL** Zip Code _____

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

Gregory L Anderson
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

12/13/03

11. 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:

Gregory L Anderson
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/13/03

Date

954-298-2650

Daytime Phone #

CR2E040 (7/03)