

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JUL 21 AM 8:13

STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000117462

1. Corporation Name

SAM POTTER ELECTRICAL CONTRACTING INC

2. Principal Office Address - No P.O. Box #

2440 BRIAR CREEK DR

3. Mailing Office Address

P O BOX 163223

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

APOPKA FL

City & State

ALTAMONTE SPRINGS FL

Zip

32703

Country

Zip

32716

Country

REINSTATEMENT

09-10

CR2E081 (6/10)

4. Date Incorporated or Qualified

To Do Business in Florida 10/31/02

5. FEI Number

51-0434359

☐ 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

SAM POTTER

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

2440 BRIAR CREEK DR

Suite, Apt. #, Etc.

City

APOPKA

State

FL

Zip Code

32703

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

Samuel W Potter

REGISTERED AGENT MUST SIGN

Date 7-19-10

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
DPST	SAMUEL W POTTER	2440 BRIAR CREEK DR	APOPKA FL 32703

10. E-mail Address:

(To be used for future annual report notification)

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. I further certify, 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:

Samuel W Potter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-19-10

Date

Daytime Phone #