

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 NOV 13 PM 1:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000122098

1. Corporation Name

JOHN SCARBOROUGH ELECTRIC, INC.

Principal Place of Business

1324 VANDILLA ROAD  
TALLAHASSEE FL 31326

Mailing Address

P O BOX 5344  
TALLAHASSEE FL 32314

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



800024642638

11/13/02-01059-003 \*\*750.00

4. Date Incorporated or Qualified  
To Do Business in Florida

11/15/2002

5. FEI Number

59-2944-902

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	SCARBROUGH, JOHN	P O BOX 5344	TALLAHASSEE FL 32314
D	SPENCER, DAVID	5771 WHITEHILL LANE	TALLAHASSEE FL 32313

8. Name and Address of Current Registered Agent

ACCOUNTING & MEDICAL SERVICES OF TALLAHASSEE  
373 E. JEFFERSON ST.  
QUINCY FL 32351

9. Name and Address of New Registered Agent

Name

Barbara Johnson

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

Barbara Johnson  
REGISTERED AGENT MUST SIGN

Date 11-7-03

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:

John Scarborough  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-7-03

Date

Daytime Phone #

CR20040 (7/03)