

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *P03000000119*

1. Corporation Name

Ken's Electric Inc.

FILED

04 JUL 20 PM 2:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-04

200039358462

07/21/04--01005--026 **908.75

2. Principal Office Address

3674 BEACH BLVD

Suite, Apt. #, etc.

SUITE 1A

City & State

JACKSONVILLE FL

Zip

32207

Country

USA

3. Mailing Office Address

3674 BEACH BLVD.

Suite, Apt. #, etc.

SUITE 1A

City & State

JACKSONVILLE FL

Zip

32207

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12-27-2002

5. FEI Number

59-2635838

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

Kenneth C. Williams

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

3674 BEACH BLVD.

Suite, Apt. #, Etc.

SUITE 1A

City

JACKSONVILLE

State

FL

Zip Code

32207

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

Kenneth C. Williams

REGISTERED AGENT MUST SIGN

Date *7-14-04*

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
<i>PRESIDENT</i>	<i>Kenneth C. Williams</i>	<i>3674 BEACH BLVD. SUITE 1A JACKSONVILLE, FL 32207</i>	<i>JACKSONVILLE, FL 32207</i>

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

Kenneth C. Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-14-04

Date

904 306-9650

Daytime Phone #