

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P03000057592**

1. Corporation Name

LOVENAUT ELECTRIC INC, OF JACKSONVILLE

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

1236 McDUFF AVE S.

3. Mailing Office Address

Suite, Apt. #, etc.

#208

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FLA

City & State

Zip

32205

Country

DUVAL

Zip

32205

Country

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

5-27-2003

5. FEI Number

16-1867561

☐ 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

LEROY BASS

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

10209 WESTMAR RD

Suite, Apt. #, Etc.

City

JACKSONVILLE, FL

State

FL

Zip Code

32218

700261571837
06/23/14--01007--003 **1350.00

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

L/Bass

REGISTERED AGENT MUST SIGN

Date

6-23-2014

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
PRES	LEROY BASS	10209 WESTMAR RD	JACKSONVILLE, FL 32218

REINSTATEMENT

2010 - 2014

S. HAWKES

JUN 23 A.M.

EXAMINER

10. E-mail Address: **LOVENAUTOFJAX@YAHOO.COM**

(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

L/Bass

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6-23-2014

Daytime Phone #

904-3345192

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