

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000093991

1. Entity Name
ARENDES ELECTRIC SERVICE, INC.



FILED

08 AUG 25 PM 3:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

602 KRAZY LANE
LUTZ, FL 33548

Mailing Address

602 KRAZY LANE
LUTZ, FL 33548

602 KRAZY LN.

602 KRAZY LANE

2. Principal Place of Business - No P.O. Box #

LUTZ FL 33548

3. Mailing Address

LUTZ

Suite, Apt. #, etc.

LUTZ FL

Suite, Apt. #, etc.

FLA. 33548

City & State

LUTZ FL

City & State

LUTZ FL

Zip
33548

Country

USA

Zip

33548

Country

USA



REINSTATEMENT 07-08

4. FEI Number
16-1682987

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHARLES C. ARENDES
602 KRAZY LANE
LUTZ, FL 33548

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Charles Arends

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE DPT
NAME ARENDES, CHARLES C
STREET ADDRESS 602 KRAZY LANE
CITY-ST-ZIP LUTZ, FL 33548 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Charles Arends

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/26/08

Date

Daytime Phone #