

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 NOV -1 AM 8:53

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 903000109708

1. Corporation Name

THOMAS W. McMULLEN ELECTREC, INC.

2. Principal Office Address

29 MATANZAS CIR.

Suite, Apt. #, etc.

City & State

ST. AUGUSTINE, FL

Zip

32080

Country

U.S.A

3. Mailing Office Address

29 MATANZAS CIR.

Suite, Apt. #, etc.

City & State

ST. AUGUSTINE, FL

Zip

32080

Country

U.S.A

REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/02/03

5. FEI Number

59-2185831

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

THOMAS McMULLEN

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

29 MATANZAS CIRCLE

Suite, Apt. #, Etc.

City

ST. AUGUSTINE,

State

FL

Zip Code

32080

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

Thomas W. McMillen

REGISTERED AGENT MUST SIGN

Date 10-26-04

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
P	THOMAS W. McMULLEN	29 MATANZAS CIR.	ST. AUGUSTINE, FL 32080
VP	THOMAS O. McMULLEN	29 MATANZAS CIR.	ST. AUGUSTINE, FL 32080

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:

Thomas W. McMillen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-26-04

Daytime Phone #

471-3821

CP2E081 (01/04)



CERTIFIED PUBLIC
ACCOUNTANTS

2/2
October 25, 2004

Thomas W. McMullen Electric, Inc.
29 Matanzas Circle
St. Augustine, FL 32080

Doc#:PO3000109708

Dear Sir/Madam,

kenneth r. kresge, cpa

benjamin l. platt, cpa, mba, cva

william t. abare III, cpa, macc

It has recently come to my attention that the 2004 Uniform Business Report, for the above taxpayer, has yet to be filled. The original document was never received by the taxpayer, nor was a late fee notice received. The only receipt of documentation received was the final notice of dissolution, which we are now responding to. We, therefore request that any and all late fees be waived. Enclosed is the \$150 amount due for the Annual Business Report. We appreciate your attention to this matter.

business + individual:

financial management consulting

income + estate planning

federal + state tax preparation

auditing + attestation services

accounting + compilation services

trust + not for profit services

Thank you on behalf of the taxpayer,

Darrell Philip Salvia

Staff Accountant
Kresge, Platt, & Abare, PLLC
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St. Augustine, FL 32080

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