

2005 FOR PROFIT CORPORATION REINSTATEMENT

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|---|--|---|--|--|--|
| DOCUMENT # P03000111096 1. Entity Name J. GILES ELECTRICAL SERVICES, INC. | | | | | |
| Principal Place of Business 11424 HAYMARKET CT ORLANDO, FL 32837 | | | Mailing Address 11424 HAYMARKET CT ORLANDO, FL 32837 | | |
| 2. Principal Place of Business 4308 ARAJO CT Suite, Apt. #, etc. | | 3. Mailing Address 4308 ARAJO CT Suite, Apt. #, etc. | | <div style="font-size: 1.2em; font-weight: bold;">FILED</div> <div style="font-size: 1.1em;">05 APR 22 AM 9:49</div> <div style="font-size: 0.8em;">SECRETARY OF STATE</div> <div style="font-size: 0.8em;">01262005 REIN-P CR2E098 (6/04)</div> | |
| City & State ORLANDO FL | | City & State ORLANDO FL | | | |
| Zip 32812 | | Zip 32812 | | | |
| Country | | Country | | | |
| 4. FEI Number 20-0481887 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | 6. Name and Address of Current Registered Agent GILES, JEFFREY S 11424 HAYMARKET CT ORLANDO, FL 32837 | |
| 7. Name and Address of New Registered Agent <div style="border: 1px solid black; padding: 5px; margin: 5px;"> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div> </div> | | | | 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: <u><i>Jeffrey S. Giles</i></u> DATE: <u>1/26/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | |
| 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 | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GILES, JEFFREY S 11424 HAYMARKET CT ORLANDO, FL 32837 | | | <input type="checkbox"/> Delete | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | [Empty] | | | <input type="checkbox"/> Delete | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | [Empty] | | | <input type="checkbox"/> Delete | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | [Empty] | | | <input type="checkbox"/> Delete | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | [Empty] | | | <input type="checkbox"/> Delete | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>Jeffrey S. Giles</i></u> DATE: <u>1/26/05</u> DAYTIME PHONE: <u>407.5098309</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | |

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