2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000136842 1. Entity Name R.J. & SON ELECTRIC, INC.				SECRETARY OF STATE DIVISION OF CORPORATIONS			
Principal Place of Business Mailing Address 3723 A BUNYON DR 3723 A BUNYON DR CHIPLEY, FL 32428 CHIPLEY, FL 32428				04 DEC -3 PM 2: 29			
2. Principal Place of Business 1722 Bucan Street 1722 Bucan Street							
Suite, Apt. #, etc. Suite, Apt. #, etc.			12012004	REIN-P	CR2E098 (6/0	04)	
Southpult FI Southport FI.			4. FEI Numb	°52-2411	4767	Applied For Not Applicable	
32409 Gay	32409	Country	<u> </u>	of Status Desired	Fee Red	Additional uired	
				7. Name and Address of New Registered Agent Nnic Lee Crunkelton (P.O. Box Number is Not Acceptable) BUC Anan Street			
		City St	matheut		FL 32	<u>9</u> 59	
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 Signature, typed or printed regular registered agent and title if applicable. (NOTE: Registered Agent algorithm reinstating) DATE							
FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00				In accordance with corporation did no	ot receive the pr	or notice.	
10. OFFICERS AND DIRE	CTORS Delete	TITLE D	P	/CHANGES TO OFFIC	ERS AND DIRECT		
NAME CRUNKELTON, MINNIE LEE STREET ADDRESS 3723 A BUNYON DR CITY-ST-ZIP CHIPLEY, FL 32428	· · · · ·	STREET ADDRESS	runketon, 722 Buca outhport, F	nan Street	,		
TITLE DST NAME CRUNKELTON, ROBERT J STREET ADDRESS 3723 A BUNYON DR CITY-ST-ZIP CHIPLEY, FL 32428	☐ Delete	TITLE COMMESTREET ADDRESS	runkeltin, 722 Buco		[2] Chai	nge 🔲 Addition	
ITTLE DECKL Kavafien, L	☐ Delete	mr 7	AND EITO		☐ Chai	nge 🔽 Addition	
STREET ADDRESS P. D. BOX 125 CITY-ST-ZIP LYDN HOVEN, F1. 32444			2.0. Box 125				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		000431 13/04-01032	□ Cha 6969! **		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	, , , , , , , , , , , , , , , , , , ,		☐ Chai	nge 🗖 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Char	nge Addition	
12. I hereby certify that the information supplied with this filling 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 Rule AND TYPED OR PROPTED NAME OF SIGNING OFFICER OF DIRECTOR Date Date Dayline Phone #							

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