


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000136842		
1. Entity Name R.J. & SON ELECTRIC, INC.		


FILED

06 OCT -6 PM 4:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 1722 BUCANAN STREET SOUTHPORT, FL 34209	Mailing Address 1722 BUCANAN STREET SOUTHPORT, FL 34209
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2. Principal Place of Business <i>82281 Tillman Rd Southport FL 32409</i>		3. Mailing Address <i>P.O. Box 125</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <i>Lynn Haven, FL</i>	
Zip	Country	Zip <i>FL 32444</i>	Country

	
REINSTATEMENT (11/05) <i>0600</i>	
4. FEI Number 52-2414767	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 CRUNKELTON, MINNIE LEE 1722 BUCANAN STREET SOUTHPORT, FL 34209 <i>SAME AS ABOVE</i>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CRUNKELTON, MINNIE LEE 1722 BUCANAN STREET SOUTHPORT, FL 34209 <i>SAME AS ABOVE</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>PR 10/6</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST CRUNKELTON, ROBERT J 1722 BUCANAN STREET SOUTHPORT, FL 34209 <i>SAME AS ABOVE</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>700080693647</i> <i>10/10/06--01064--006 **150.00</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT KAVAFEIN, DEEHL PO BOX 125 LYN HAVEN, FL 32444	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT NELSON, ELBA D P.O. BOX 125 LYNN HAVEN, FL 32444	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 *Robert J. Crunkelton*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____