

# 2014 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED  
AND  
FILED

14 JUL 17 AM 10:43

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



**DOCUMENT # P03000138792**

1. Entity Name  
**BOZEMAN ELECTRIC, INC.**

Principal Place of Business  
**934 RIDGE ROAD  
MONTICELLO, FL 32344**

Mailing Address  
**934 RIDGE ROAD  
MONTICELLO, FL 32344**



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

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

07172014 REIN-P CR2E098 (12/11)

City & State

City & State

4. FEI Number  
**20-0417673**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BOZEMAN, LONNIE  
934 RIDGE ROAD  
MONTICELLO, FL 32344**

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 *Lonnie Bozeman*

*7/17/2014*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$900.00**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
NAME **BOZEMAN, LONNIE**  
STREET ADDRESS **934 RIDGE ROAD**  
CITY- ST- ZIP **MONTICELLO, FL 32344**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**700262397597**  
**07/17/14--01012--005 \*\*900.00**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  Delete  
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STREET ADDRESS  
CITY- ST- ZIP

TITLE  Change  Addition  
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: *Lonnie Bozeman*

*7/17/2014*

*BozemanElectric@yahoo.com*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

E-MAIL ADDRESS

*Rg 7/17/14*