

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2011 DEC 19 PM 4:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000142040

1. Corporation Name

Zundell Electric Co.

2. Principal Office Address - No P.O. Box #

271 RIVERSIDE DR.

3. Mailing Office Address

PO BOX 1386

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORMOND BEACH, FLA

City & State

ORMOND BEACH, FLA

Zip

32176

Country

UNITED STATES

Zip

32175

Country

7. Name and Address of Current Registered Agent

Name

WARREN ZUNDELL

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

271 RIVERSIDE DRIVE

Suite, Apt. #, Etc.

City

ORMOND BEACH

State

FL

Zip Code

32176

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

61-1449359

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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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

Warren Zundell

REGISTERED AGENT MUST SIGN

Date 12-16-2011

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	Warren Zundell	271 RIVERSIDE DR	ORMOND BEACH FLA 32176

10. E-mail Address:

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Warren Zundell WARREN ZUNDELL

Date

Daytime Phone #