

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000147271

1. Entity Name
DS ELECTRIC, INC.



FILED

05 FEB 11 PM 12:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

P O BOX 47044
TAMPA, FL 33647

Mailing Address

P O BOX 47044
TAMPA, FL 33647

2. Principal Place of Business

39101 Haver Ave.
Suite, Apt. #, etc.

3. Mailing Address

39101 Haver Ave.
Suite, Apt. #, etc.



12232004

REIN-P

CR2E098 (6/04)

City & State

Zephyrhills FL

City & State

Zephyrhills

4. FEI Number

59-8139101

Applied For

Not Applicable

Zip

33542

Country

Pasco

Zip

33542

Country

Pasco

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COLE, KATHY L
205 W ML KING BLVD
204
TAMPA, FL 33603

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2005, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME JOHNSON, DARRELL D
STREET ADDRESS P O BOX 47044
CITY-ST-ZIP TAMPA, FL 33647

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME 800046904288
STREET ADDRESS 02/21/05--01011--014 **300.00
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

202

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL. 32314

DS-Electric, Inc.
P.O. Box 47044
Tampa, FL. 33647

RE: DS Electric, Inc.
#P03000147271

Please be advised that we did not receive a renewal form on the above referenced corporation,
which caused it to be dissolved.

Therefore, enclosed please find a check for \$150.00 which is the amount needed for renewal of
referenced corporation.

Sincerely,



Darryl D. Johnson