

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

W07000360990

FILED

2007 DEC 28 PM 1:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400113191634
01/04/08--01040--009 **8.75

REINSTATEMENT

DOCUMENT # P03000149617

1. Corporation Name

B & B Electrical Serv, Inc.

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

7532 Calvin Lee Rd

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Groveland, FL 34736

City & State

Groveland, FL

Zip

34736

Country

LAKE

Zip

34736

Country

LAKE

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

050593724

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

William R Harper, Owner

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

7532 Calvin Lee Rd

Suite, Apt. #, Etc.

City

Groveland

State

FL

Zip Code

34736

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

William R Harper Jr

REGISTERED AGENT MUST SIGN

Date 12-21-07

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
<u>VP</u>	<u>Kelly Harper</u>	<u>7532 Calvin Lee Rd</u>	<u>Groveland, FL 34736</u>

10. 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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

William R Harper Jr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-21-07

Date

352421-0912

Daytime Phone #

12/28