2007 FOR PROFIT CORPORATION
REINSTATEMENT

DOCUMENT # P04000004889

1. Entity Name

BUTCH VIDAL ELECTRIC, INC.

Principal Place of Business	Mailing Address
8805 AUBURN WAY TAMPA, FL 33615	8805 AUBURN WAY TAMPA, FL 33615

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #. etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

10152007   REIN-P   CR2E098 (1/07)

4. FEI Number	Applied For
20-0571011	Not Applicable

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
VIDAL, HENRY BUTCH 8805 AUBURN WAY TAMPA, FL 33615	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, 2008, Fee will be $900.00

10.	OFFICERS AND DIRECTORS		**11.**	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	VIDAL, HENRY BUTCH		NAME	900111647629	
STREET ADDRESS	8805 AUBURN WAY		STREET ADDRESS	11/02/07--01048--005 **750.00	
CITY-ST-ZIP	TAMPA, FL 33615		CITY ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	REINSTATEMENT 2007	☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: _Henry B. Vidal_   _10-31-07_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #