

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000018993	
1. Entity Name ARMSTEAD ELECTRIC, INC.	



FILED
05 NOV -3 PM 12:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 2108 15TH ST E BRADENTON, FL 34207	Mailing Address 2108 15TH ST E BRADENTON, FL 34207
--	--

2. Principal Place of Business 2108 15th ST East	3. Mailing Address P.O. Box 601
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Bradenton, Fla.	City & State Bradenton, Fla.
Zip 34207	Zip 34206
Country Manatee	Country Manatee



10102005 REIN-P CR2E098 (6/04)

4. FEI Number 200664221	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ARMSTEAD, WILLIAM M JR 2108 15TH ST E BRADENTON, FL 34207	
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 William M. Armstead, Jr. DATE 12 October '05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$750.00 After January 1, 2006, Fee will be \$900.00
--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ARMSTEAD, WILLIAM M JR 2108 15TH ST E BRADENTON, FL 34207 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200060727792 10/18/05--01078--018 **750.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SAMUEL, ARTHUR C 1114 27TH ST E BRADENTON, FL 34208 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SAMUEL, KEITH W 1114 27TH ST E BRADENTON, FL 34208 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: William M. Armstead, Jr. DATE 12 October '05 941)746-6232

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR