

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2012 JUN -5 PM 2: 54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P04000021716**

1. Corporation Name

5 STAR ELECTRIC INC

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

4066 Sunrise Farm Rd

Suite, Apt. #, etc

3. Mailing Office Address

Suite, Apt. #, etc

City & State

Middleburg

City & State

FLA

Zip

32068

Country

USA/CA

Zip

32068

Country

USA

REINSTATEMENT 11-12

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

6-2004

5. FEI Number

65-1209945

☐ 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

Thomas P Powers

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

4066 Sunrise Farms Rd

Suite, Apt. #, Etc

City

Middleburg, FL

State

FL

Zip Code

32068

100235921151
06/05/12--01004--006 **\$00.00

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

TA [Signature]

REGISTERED AGENT MUST SIGN

Date **6-2-12**

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
VP	Sherri L Powers	4066 Sunrise Farm Rd	Middleburg, FL
P	Thomas P Powers	4066 Sunrise Farms R	Middleburg, FL

JUN - 15 2012

S. TONER

10. E-mail Address: **S_starton @att.net**

(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:

TA [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-2-12

Date

9046546372

Daytime Phone #