

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000039653

1. Corporation Name

South Coast Electric corp.

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

6325 1st st

Suite, Apt. #, etc.

23

City & State

key west

Zip

FI

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

33040

Country

7. Name and Address of Current Registered Agent

Name

David Hernandez

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

6325 1st st

Suite, Apt. #, Etc.

23

City

key west

State

FL

Zip Code

33040

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

David Hernandez

REGISTERED AGENT MUST SIGN

Date 4/14/10

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
pr	David Hernandez	6325 1st st # 23	key west fl 33040
vp	same		
s	same		

10. E-mail Address: southcoastelec@comcast.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., 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.

SIGNATURE:

David Hernandez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/14/10

Daytime Phone #

FILED

10 APR 20 PM 4:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2/26/10 01025 008 300.00

800176536868

04/20/10--01020--003 **150.00

REINSTATEMENT

08-17

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

200898342

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ 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.

4/20