2007 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED AND FILED

07 NOV 27 AM 11:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RD 11-29-07

REINSTATEMENT 07

10242007 REIN-P CR2E098 (1/07)

DOCUMENT # P04000116011

1. Entity Name
PETTIE PELICAN ELECTRIC, INC.

Principal Place of Business	Mailing Address
943 SW 9TH AVENUE POMPANO, FL 33060 US	943 SW 9TH AVENUE POMPANO, FL 33060 US
2. Principal Place of Business - No P.O. Box # 943 S.E. 9th Av. Suite, Apt. #, etc.	3. Mailing Address 943 S.E. 9th Av Suite, Apt. #, etc.
City & State Pompano, Fl. Zip 33060 Country Broward	City & State Pompano, Fl. Zip 33060 Country Broward

4. FEI Number 42-1640430 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Christopher S. Wille
943 S.E. 9 Ave.
Pompano Bch, Fl. 33060

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: Christ Will 11-20-07
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 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLE, CHRISTOPHER 943 SE 9TH AVENUE POMPANO, FL 33060 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 800111638318 11/02/07--01030--003 **750.00
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Christ Will / Christopher Wille 10-29-07 (954) 260-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #