

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 DEC 31 AM 11:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000129742

1. Corporation Name

Allclay Electric, Inc

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

7050 Juliet Lane

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32244

Country

Duval

3. Mailing Office Address

7050 Juliet Lane

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32244

Country

Duval

REINSTATEMENT

CR2E061 (10/08)

07-08

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

20-1568913

☒ 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

Glenn A Cope

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

7050 Juliet Lane

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32244

☒ 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.

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

REGISTERED AGENT MUST SIGN

Date 12-29-08

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
P/T/S	Glenn A Cope	7050 Juliet Lane	Jacksonville, FL 32244
			700139203617 12/22/08 01051 005 **3001.00

10. 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 and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

Glenn A Cope

12-29-08

Date

Daytime Phone #

904-509-4240