


2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED

09 MAR 27 PM 2:58

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P05000003912		
1. Entity Name GJV ELECTRIC, INC		

Principal Place of Business 7690 TIMBER RIVER ORLANDO, FL 32807 *	Mailing Address PO BOX 570312 ORLANDO, FL 32857 *
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2. Principal Place of Business - No P.O. Box # PO BOX 570312	3. Mailing Address Suite, Apt. #, etc.
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City & State Orlando FL	City & State
Zip 32857	Country



03262009 REIN-P CR2E098 (1/07)

4. FEI Number 20-2133011	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BAILES, GUILLERMO 7690 TIMBER RIVER ORLANDO, FL 32807	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 *Guillermo Bailes* (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BAILES, GUILLERMO 7690 TIMBER RIVER ORLANDO, FL 32807 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400147730444 03/30/09--01001--005 **\$300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BAILES, JULIO C 14384 SW 167 TR MIAMI, FL 33177 <input checked="" 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 400147730444 03/30/09--01001--005 **\$8.75
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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

REINSTATEMENT

08-09

[Signature]

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: *Guillermo Bailes* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____