2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000013089

Entity Name: DIRECT ELECTRICAL CONTRACTOR, INC.

FILED Jan 27, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

7905 RUTILLIO CT. 13725 MICHELLE AVENUE **ÜNIT** A HUDSON, FL 34667

NEW PORT RICHEY, FL 34653 US

Current Mailing Address: New Mailing Address:

4264 ST LAWRENCE DR. P.O. BOX 6982 NEW PORT RICHEY, FL 34655 HUDSON, FL 34674

FEI Number: 65-1241019 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DESALVO, ANTHONY S DESALVO, ANTHONY S 13725 MICHELLE AVENUE 4264 ST. LAWRENCE DRIVE NEW PORT RICHEY, FL 34655 US HUDSON, FL 34667

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.

SIGNATURE: ANTHONY S DESALVO 01/27/2009

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRFS () Delete Title: PRFS (X) Change () Addition DESALVO, ANTHONY S DESALVO, ANTHONY S Name: Name: 4264 ST. LAWRENCE DRIVE 13725 MICHELLE AVENUE Address: Address: City-St-Zip: NEW PORT RICHEY, FL 34655 US City-St-Zip: HUDSON, FL 34667 US

Title: (X) Delete Title: () Change () Addition

Name: DESALVO, DONNA S Name: 4264 ST. LAWRENCE DR Address: Address: NEW PORT RICHEY, FL 34655 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTHONY S DESALVO **PRES** 01/27/2009