

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000037553

FILED
Jan 19, 2009
Secretary of State

Entity Name: CIRCUIT BREAKER SALES & SERVICE INC.

Current Principal Place of Business:

5385 GATEWAY BLVD., STE. 19-21
LAKELAND, FL 33811

New Principal Place of Business:

Current Mailing Address:

5385 GATEWAY BLVD., STE. 19-21
LAKELAND, FL 33811

New Mailing Address:

FEI Number: 14-1924871

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, STE. 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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: WILLIAM A SCHOFIELD

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:

Title: D () Delete
Name: SCHOFIELD, WILLIAM
Address: 1315 COLUMBINE DRIVE
City-St-Zip: GAINESVILLE, TX 76240

Title: D () Delete
Name: LEDBETTER, FINLEY
Address: 1315 COLUMBINE DR.
City-St-Zip: GAINESVILLE, TX 76240

Title: D () Delete
Name: KINNEY, RAY
Address: 1315 COLUMBINE DR.
City-St-Zip: GAINESVILLE, TX 76240

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: WILLIAM A. SCHOFIELD

PRES

01/19/2009

Electronic Signature of Signing Officer or Director

Date