

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000046141

1. Corporation Name

Mico Electric, Inc

FILED

09 NOV 12 PM 1:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600162766226
11/12/09--01039--003 ***450.00

REINSTATEMENT 07-09
CR2E081 (10/09)

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

1688 SE Durango Street

Suite, Apt. #, etc.

3. Mailing Office Address

1688 SE Durango Street

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

March 28, 2005

City & State

Port Saint Lucie, Florida

City & State

Port Saint Lucie, Florida

5. FEI Number

76-0187011

☐ Applied For
☐ Not Applicable

Zip Country

34952 USA

Zip Country

34952 USA

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Michael R Ewen

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

1688 SE Durango Street

Suite, Apt. #, Etc.

City

Port Saint Lucie, Florida

State

FL

Zip Code

34952



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 section 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

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
President	Michael R Ewen	1688 SE Durango Street	Port Saint Lucie, Florida 34952

10. E-mail Address: Wallaman2003@Yahoo.com

(To be used for future annual report notifications)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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. I further certify 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:

Michael R Ewen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/10/09

Date

772-631-7914

Daytime Phone#