


# 2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 APR 29 PM 4:16

DOCUMENT # P05000061049	
1. Entity Name ROSCOE HOLLEY ELECTRICAL INC.	

Principal Place of Business PO BOX 141 TELOGIA, FL 32360	Mailing Address PO BOX 141 TELOGIA, FL 32360
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2. Principal Place of Business - No P.O. Box # 19947 NE SHAWN RD	3. Mailing Address P.O. Box 141
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Telogia FL	City & State Telogia FL
Zip 32360	Country Liberty



04102008 REIN-P CR2E098 (1/07)

4. FEI Number 41-2203550	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HOLLEY, ROSCOE 19947 NE SHAWN RD TELOGIA, FL 32360	7. Name and Address of New Registered Agent Name Roscoe Holley Street Address (P.O. Box Number is Not Acceptable) 19947 NE SHAWN RD City Telogia FL Zip Code 32360
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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 <i>Roscoe Holley</i>	DATE 4-14-08

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 HOLLEY, ROSCOE PO BOX 141 TELOGIA, FL 32360 <input 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
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
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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

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: <i>Roscoe Holley</i>	DATE: 4-14-08 DAYTIME PHONE: 556-5997

4/30/08