## 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000113051					FILED			
KEYLITE ELECTRIC SERVICE, INC.						09 JUN 15 A	H 5: 12	
		<del></del>						
Principal Place of Business Mailing Address 400 GLENRIDGE RD. 400 GLENRIDGE RD.						SECRETARY (	PLORIBA	
KEY BISCAYNE, FL 33149 KEY BISCAYNE, FL 33149				1		Memoria		
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2. Principal P								
9731 BAHAMA DR. 9731 Bahan				ſ,	BEIN			Q - n9
Suite, Apt. #, etc. Suite, Apt. #, etc.					06082009	ISTATEME	GRZE098 (1/07)	0000
MIAMT EI Mis State					4. FEI Numb 27-012		<del></del>	plied For at Applicable
Zip	Coughty 14 Zing 100		Country A			of Status Desired	\$8.75 Add	litional
5318	6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent			d	
HELLMERS, STEVEN R 400 GLENRIDGE RD.  Name 5 T E Street Address						3. HELLM		
KEY BISCAYNE, FL 33149				9)31 Behana Dr.				
<u> </u>					5		FL Zip Cod	0-/
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.								
16/2mg								
SIGNATURE Significe. Npdd or printed name oladgistored agent and fills it applicable (NOTE: Registered Agent signature required when reinstating)  UA TE:								
In accordance with s. 607.193(2)(b), F.S., the								
FII	LE NOWIII FEE IS \$300.00					corporation did not r	s. 607.193(2)(b), receive the prior r	r.s., the notice.
10.	OFFICERS AND I	DIRECTORS	11.		ADDITIONS	 /CHANGES TO OFFICER	S AND DIRECTOR	S IN 11
IIILE	D	☐ Delete	TITLE	Pres	deut		Change	Addition
NAME	HELLMERS, STEVEN R		NAME CARLET ADDRESS	5780	JEN K.	HELLMERS hama. Bri	'	
STREET ADDRESS CITY-ST-ZIP	400 GLENRIDGE RD KEY BISCAYNE, FL 33149		STREET ADDRESS CITY-ST-ZIP	Mie		F/ 3318	ra,	
TITLE	SEC	<b>⊅</b> Delete	TITLE	77314	<u> </u>	<u></u>	☐ Change	Addition
NAME OVEREZ ADDRESO	MUNOZ, ANGEL J	•	NAME CARGA ARROGERO					1
STREET ADDRESS CITY-ST-ZIP	400 GLENRIDGE RD. KEY BISCAYNE, FL 33149		STREET ADDRESS CITY-ST-ZIP	}	4	0015717	6364	
TITLE		☐ Delete	TITLE		06/1	5 <del>/0901048</del>	ÚZI <del>  </del>	Addition
NAME	•		NAME					
STREET ADDRESS CITY-S1-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE		☐ Delete	TITLE	<u> </u>			Change	Addition
NAME			NAME					1
STREET ADDRESS CITY-ST-ZIP			STREET ADORESS CITY-ST-ZIP					
TITLE		☐ Delete	THLE				Change	Addition
NAME			NAME CIDICI ADDDECC					
CITY-SI-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE		☐ Delete	THLE				☐ Change	☐ Addition
NAME CIDELL ADDRECC			NAME STREET ADDRESS					
STREET ADDRESS CITY - ST - ZIP			CIFY-SI-ZIP					
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.								
SIGNAT	URE:	Willia	- 6/8,	2009	9	(786) 316	2-9653	3
SISITAI	SIGNATURE AND TYPED OR P	RINNED NAME OF SIGNING OFFICER O	R DIRECTOR		•	Date	Daytime Phone #	