

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

09 JAN 15 AM 9:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P05000137430

1. Corporation Name

Thevoltman1 Electrical Services Inc.

**REINSTATEMENT** 07-09  
001/22

900140843149  
01/15/09--01023--024 \*\*450.00

CR2E081 (12/08)

<b>2. Principal Office Address - No P.O. Box #</b> 3203 W Rogers Ave		<b>3. Mailing Office Address</b> 3203 W Rogers Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Tampa, Florida		City & State Tampa, Florida	
Zip 33611	Country Hillsboro	Zip 33611	Country Hillsboro

<b>4. Date Incorporated or Qualified To Do Business in Florida</b> October 7, 2005	
<b>5. FEI Number</b> 83-0438671	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

<b>7. Name and Address of Current Registered Agent</b>			
Name Richard Schirmer			
Street Address (P.O. Box Number is Not Acceptable) 3203 W Rogers Ave.			
Suite, Apt. #, Etc.			
City Tampa	State FL	Zip Code 33611	

☒ 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 617.0503, F.S.

Signature of  
Registered Agent

*Richard Schirmer*  
REGISTERED AGENT MUST SIGN

Date 01-12-2009

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
P	Richard Schirmer	3203 W Rogers Ave.	Tampa, Florida 33611

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for 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 and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. 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:

*Richard Schirmer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-12-2009 (813) 433-7472  
Date Daytime Phone #