

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000011651

1. Entity Name
MILL ELECTRICAL CONTRACTORS, INC.



FILED

08 DEC 24 PM 1:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3551 EDGEWOOD AVENUE
FORT MYERS, FL 33916 US

Mailing Address
3551 EDGEWOOD AVENUE
FORT MYERS, FL 33916 US

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

11042008 REIN-P CR2E098 (1/07)

4. FEI Number
20-3207267

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GASCHK, TERRY C
3551 EDGEWOOD AVENUE
FORT MYERS, FL 33916

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2009, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME GASCHK, TERRY C
STREET ADDRESS 3551 EDGEWOOD AVENUE
CITY-ST-ZIP FT. MYERS, FL 33916

TITLE VP ☐ Delete
NAME RHEAUME, DAVID
STREET ADDRESS 1250 SUNBURY DRIVE
CITY-ST-ZIP FT. MYERS, FL 33901

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

REINSTATEMENT

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Terrance Gaschk

12/21/08 (289) 334-2446

Terrance Gaschk