

**2008 FOR PROFIT CORPORATION
REINSTATEMENT**

DOCUMENT # P06000047035

1. Entity Name
CHEZ P. ELECTRIC CORP



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR 30 PM 12:52



04232008 REIN-P CR2E098 (1/07)

Principal Place of Business
1105 A-2 GREEN PINE BLVD.
WEST PALM BEACH, FL 33409

Mailing Address
1105 A-2 GREEN PINE BLVD.
WEST PALM BEACH, FL 33409

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

3. Mailing Address

Suite, Apt. #, etc.
2140 CHAGALL CIR.

Suite, Apt. #, etc.
2140 CHAGALL CIR.

City & State
WEST PALM BEACH

City & State
WEST PALM BEACH

Zip
33409

Country
USA

Zip
33409

Country
USA

4. FEI Number
20-4611834

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PLUTA, Czeslaw
2140 CHAGALL CIR.
WEST PALM BEACH, FL 33409

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

Czeslaw Pluta - PRESIDENT

04-23-2008

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRES
NAME PLUTA, Czeslaw
STREET ADDRESS 2140 CHAGALL CIR.
CITY-ST-ZIP WEST PALM BEACH, FL 33409

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

200126960742
04/30/08--01003--015 ***300.00

TITLE DIR
NAME PLUTA, Czeslaw
STREET ADDRESS 2140 CHAGALL CIR.
CITY-ST-ZIP WEST PALM BEACH, FL 33409

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE VP
NAME HACUS-PLUTA, BARBARA
STREET ADDRESS 2140 CHAGALL CIR.
CITY-ST-ZIP WEST PALM BEACH, FL 33409

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change 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: *Czeslaw Pluta* - PRESIDENT 04-23-08 561-239-8583

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #