PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2017 APR 10 AM 8:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (11/10)

DOCUMENT # P06000107390

1. Corporation Name
ELECTRICAL MANAGEMENT SERVICES, INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
3008 NW 79 AVE	3008 NW 79AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI FL	City & State: MIAMI FL
Zip: 33122 Country: USA	Zip: 33122 Country: USA

4. Date Incorporated or Qualified To Do Business In Florida: 08/16/2006

5. FEI Number: 37-1527424 ☑ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: ANGEL ARBELO

Street Address (P.O. Box Number is Not Acceptable): 3008 NW 79 AVE

Suite, Apt. #, Etc.:

City: MIAMI State: FL Zip Code: 33122

600297782676
04/10/17--01013--001 **1000.00

600297782676
04/10/17--01013--002 **500.00

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: _____ Date: _____
REGISTERED AGENT MUST SIGN

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
PD	ANGEL ARBELO	3008 NW 79 AVE	MIAMI FL 33122

REINSTATEMENT (10)

2012 - 2017

APR 11 2017

10. E-mail Address: _____ (To be used for future annual report notification) LALBRITTON

11. 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., and that all fees owed by the corporation have been paid. I further certify that the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

04/04/2017 12:13 3052201440 LAZARUS PAGE 01/01

LAZARUS
CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

1 of 2

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (If known):

(Corporation Name)	(Document #)
Electrical Management Services, Inc	

RECEIVED
DEPARTMENT OF STATE
17 APR 10 AM 10:10

☒ Walk in ☒ Pick up time 2:00 ☐ Certified copy

☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

CR2E031 (4/13)