


2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Nov 16, 2007 8:00 A.M.
Secretary of State

DOCUMENT # P06000125994					
1. Entity Name RCD ELECTRIC, INC.					
Principal Place of Business 187 EDGEWATER CIRCLE SANFORD, FL 32773 US			Mailing Address 187 EDGEWATER CIRCLE SANFORD, FL 32773 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	4. FEI Number 01-0879107	
6. Name and Address of Current Registered Agent DEFAZIO, RICHARD C 187 EDGEWATER CIR SANFORD, FL 32773				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 <i>Richard Defazio</i> DATE <i>10-27-01</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$750.00 After January 1, 2008, Fee will be \$900.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEFAZIO, RICHARD C 187 EDGEWATER CIR SANFORD, FL 32773	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	E00112439736 11/20/07--01007--016 **750.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DEFAZIO, RICHARD C 187 EDGEWATER CIR SANFORD, FL 32773	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Richard Defazio</i>			10-27-07 407 4355207		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

11-26-07 28



REINSTATEMENT

10-27-01
Applied For
Not Applicable

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