

2009 FOR PROFIT CORPORATION  
REINSTATEMENT

REINSTATEMENT<sup>07-09</sup>

DOCUMENT # P07000037008



1. Entity Name  
HOWARD ELECTRICAL SERVICES INC.

Principal Place of Business  
723 GINGER MILL DRIVE  
JACKSONVILLE, FL 32259 US

Mailing Address  
723 GINGER MILL DRIVE  
JACKSONVILLE, FL 32259 US

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

719 FRUIT COVE DR. E

Suite, Apt. #, etc.

3. Mailing Address

719 FRUIT COVE DR. E.

Suite, Apt. #, etc.

City & State  
JACKSONVILLE, FL  
32259

City & State  
Jacksonville, FL  
32259

Country  
US

Country  
US

6. Name and Address of Current Registered Agent

HOWARD, KENNETH  
723 GINGER MILL DRIVE  
JACKSONVILLE, FL 32259

Name

SAME

Street Address (P.O. Box Number is Not Acceptable)

719 FRUIT COVE DR. E

City  
Jacksonville

FL  
Zip Code  
32259

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: *Kenneth Howard*

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

(NOTE: Registered Agent signature required when reinstating)

6-11-09  
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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

P  
HOWARD, KENNETH  
723 GINGER MILL DRIVE  
JACKSONVILLE, FL 32259

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VP  
JUERGENSEN, SANDRA  
723 GINGER MILL DRIVE  
JACKSONVILLE, FL 32259

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

719 FRUIT COVE DR. E.  
JACKSONVILLE, FL 32259

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

719 FRUIT COVE DR. E.  
JACKSONVILLE, FL 32259

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

200157556612  
08/22/09-01055--018 \*\*\*300.00

Change  Addition

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: *Kenneth Howard* Kenneth Howard 6-11-09 904-230-0309  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #